

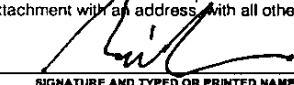


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90040 008 \*\*\*\*61.25

<b>DOCUMENT # N40260</b> 1. Entity Name <b>SADDLEWOOD ESTATES HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>4131 GUNN HWY                  TAMPA, FL 33624</b>		Mailing Address <b>4131 GUNN HWY                  TAMPA, FL 33624</b>			
2. Principal Place of Business - No P.O. Box #  <b>4131 GUNN HIGHWAY                  TAMPA, FL 33618 US</b>		3. Mailing Address  <b>4131 GUNN HIGHWAY                  TAMPA, FL 33618 US</b>			
4. FEI Number <b>59-3132292</b>		Applied For <input type="checkbox"/> Not Applicable		01042008 Chg-NP CR2E037 (12/06)	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>BECKER &amp; POLIAKOFF, P.A.                  2401 WEST BAY DRIVE, STE 414                  LARGO, FL 33770</b>			7. Name and Address of New Registered Agent  Name Street <b>BECKER &amp; POLIAKOFF, P.A.                  311 PARK PLACE BLVD, STE 250                  CLEARWATER, FL 33579</b>		
City <b>FL</b> Zip Code			City _____ Zip Code _____		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <b>HABER, RICHARD M.                  1311 NORTH CHURCH AVE.                  TAMPA, FL</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>ANDREW, LYNN J                  1311 N CHURCH RD AVE                  TAMPA, FL 33607</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>BRUNO, FRED                  27848 LINCOLN PLACE                  WESLEY CHAPEL, FL 33544</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>Richard Haber</b> Date <b>3/25/08</b> Daytime Phone # _____					