

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 17, 2009
Secretary of State

DOCUMENT# N40260

Entity Name: SADDLEWOOD ESTATES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

4131 GUNN HWY
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

4131 GUNN HWY
TAMPA, FL 33618

New Mailing Address:

FEI Number: 59-3132292 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEZER, STEVEN
1801 N. HIGHLAND AVE
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BRUNO, FRED
Address: 4131 GUNN HWY
City-St-Zip: TAMPA, FL 33618

Title: VP () Delete
Name: COSTAKI, BANGOS
Address: 4131 GUNN HWY
City-St-Zip: TAMPA, FL 33618

Title: TRES () Delete
Name: TEDROW, FRED
Address: 4131 GUNN HWY
City-St-Zip: TAMPA, FL 33618

Title: D () Delete
Name: CULBRETH, MARC
Address: 4131 GUNN HWY
City-St-Zip: TAMPA, FL 33618

Title: D () Delete
Name: MOODY, KELLY
Address: 4131 GUNN HWY
City-St-Zip: TAMPA, FL 33618

Title: D (X) Delete
Name: COPELAND, BENNETT
Address: 4131 GUNN HWY
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CULBRETH, MARK
Address: 4131 GUNN HWY
City-St-Zip: TAMPA, FL 33618

Title: VP (X) Change () Addition
Name: ANKRUM, LISA
Address: 4131 GUNN HWY
City-St-Zip: TAMPA, FL 33618

Title: SEC (X) Change () Addition
Name: RIZZO, CHARLES
Address: 4131 GUNN HWY
City-St-Zip: TAMPA, FL 33618

Title: TRES (X) Change () Addition
Name: MILLARD, PAUL
Address: 4131 GUNN HWY
City-St-Zip: TAMPA, FL 33618

Title: D (X) Change () Addition
Name: COPELAND, BENNETT
Address: 4131 GUNN HWY
City-St-Zip: TAMPA, FL 33618

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA ANKRUM

VP

06/17/2009

Electronic Signature of Signing Officer or Director

_____ Date