2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# 751290

Entity Name: SADDLEBROOK RESORT CONDOMINIUM ASSSOCIATION,INC.

Current Principal Place of Business:

5700 SADDLEBROOK WAY
WESLEY CHAPEL, FL 335431499

New Principal Place of Business:

Current Mailing Address:

5700 SADDLEBROOK WAY
WESLEY CHAPEL, FL 335431499

New Mailing Address:

FEI Number: 59-2182217 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALLEN, DONALD
5700 SADDLEBEROOK WAY
WESLEY CHAPEL, FL 33543 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:	D	( ) Delete
Name:	REAGAN, WILLIAM J	
Address:	583 HICKORY RD	
City-St-Zip:	TAMPA, FL 336720119	
Title:	D	( ) Delete
Name:	DEMPSEY, THOMAS L	
Address:	5700 SADDLEBROOK WAY	
City-St-Zip:	WESLEY CHAPEL, FL	
Title:	ST	( ) Delete
Name:	ALLEN, DONALD L.	
Address:	1314 FOXWOOD DR.	
City-St-Zip:	LUTZ, FL	
Title:	PD	( ) Delete
Name:	GULLETT, DWAINE	
Address:	5325 COBBLESTONE CT	
City-St-Zip:	WESLEY CHAPEL, FL 33543	
Title:	D	( ) Delete
Name:	BOEHNING, DICK	
Address:	5017 PINELAKE RD.	
City-St-Zip:	WESLEY CHAPEL, FL	
Title:	VP	( ) Delete
Name:	CHALFIN, ROBERT J	
Address:	P.O. BOX 4519	
City-St-Zip:	METUCHEN, NJ 088404519	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: DON ALLEN ST 04/13/2009

Electronic Signature of Signing Officer or Director — Date