I hereby 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 all other like empowered.	

SIGNATURE: PAUL M. BUCHANAN

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N07000005510

Entity Name: SADDLE HILL HOMEOWNERS ASSOCIATION, INC.

## **Current Principal Place of Business:**

3830 EAGLES NEST ROAD FRUITALND PARK FL 34731

## **Current Mailing Address:**

3830 EAGLES NEST ROAD FRUITALND PARK. FL 34731

## FEI Number: 26-0289505

### Name and Address of Current Registered Agent:

BUCHANAN, PAUL M 3830 EAGLES NEST ROAD FRUITALND PARK, FL 34731 US

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 Signatu

# **Officer/Director Detail :**

Title	D	Title	D
Name	BUCHANAN, PAUL M	Name	CAMPOAMOR, PAUL
Address	3830 EAGLES NEST ROAD	Address	3830 EAGLES NEST ROAD
City-State-Zip:	FRUITALND PARK FL 34731	City-State-Zip:	FRUITALND PARK FL 34731

ure of Registered Agent			
	Title	D	
М	Name	CAMPOAMOR PALI	

lame	CAMPOAMOR, PAUL
ddress	3830 EAGLES NEST ROAD
City-State-Zip:	FRUITALND PARK FL 34731

02/07/2013 **REGISTERED AGENT** 

Date

## FILED Feb 07, 2013 Secretary of State CC0811428291

Certificate of Status Desired: No

Date