

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714506

FILED  
Jan 29, 2006  
Secretary of State

**Entity Name:** SADDLEBACK IMPROVEMENT ASSOCIATION, INC.

**Current Principal Place of Business:**

3627 BERGER RD  
LUTZ, FL 33548

**New Principal Place of Business:**

**Current Mailing Address:**

3627 BERGER RD  
LUTZ, FL 33548

**New Mailing Address:**

**FEI Number:** 59-0237180

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SMITH, E A  
3627 BERGER RD  
LUTZ, FL 33549 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: P ( ) Delete  
Name: HARPER, JAMES  
Address: 3528 SADDLEBACK LN.  
City-St-Zip: LUTZ, FL

Title: VP ( ) Delete  
Name: PRIEDE, CAROL,  
Address: 3606 LITTLE ROAD  
City-St-Zip: LUTZ, FL

Title: D ( ) Delete  
Name: RASHID, ROGER,  
Address: 3525 SADDLEBACK LANE  
City-St-Zip: LUTZ, FL

Title: T ( ) Delete  
Name: SMITH, E A,  
Address: 3627 BERGER RD  
City-St-Zip: LUTZ, FL

Title: DS ( ) Delete  
Name: COOKE, SHELLEY,  
Address: 3624 LITTLE ROAD  
City-St-Zip: LUTZ, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP (X) Change ( ) Addition  
Name: KAUPP, CHARLES  
Address: 17319 LINDA VISTA CIRCLE  
City-St-Zip: LUTZ, FL 33548

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 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: E. A. SMITH

T

01/29/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date