2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2009
Secretary of State

DOCUMENT# 714506

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 33548	
Title:	VP	( ) Delete
Name:	KAUPP, CHARLES	
Address:	17319 LINDA VISTA CIRCLE	
City-St-Zip:	LUTZ, FL 33548	
Title:	D	( ) Delete
Name:	RASHID, ROGER,	
Address:	3525 SADDLEBACK LANE	
City-St-Zip:	LUTZ, FL 33548	
Title:	T	( ) Delete
Name:	SMITH, E A,	
Address:	3627 BERGER RD	
City-St-Zip:	LUTZ, FL 33548	
Title:	DS	( ) Delete
Name:	COOKE, SHELLEY,	
Address:	3624 LITTLE ROAD	
City-St-Zip:	LUTZ, FL 33548	

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:	

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: EARL A. SMITH T 01/13/2009

Electronic Signature of Signing Officer or Director — Date