2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # 748021 ___

SADDLE CREEK OWNERS ASSOCIATION, INC.



FILED Apr 07, 2008 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

7866 SADDLE CREEK TRAIL SARASOTA, FL 34241

PO BOX 20668 SARASOTA, FL 34276



04022008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 59-2134477 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6.	Name	and	Address o	f Current	Registere	d Agent

MCCLENATHEN, CHAD M 1820 RINGLING BLVD

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SARASOT	A, FL 34236		IN THIS SPACE		
	named entity submits this statement for the lions of registered agent	purpose of changing its registere	d office or r	egistered agent, or bo	th, in the State of Florida I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	il applicable (NOTE, Registered	d Agent signature required when reinstating)		DATE
	Filing Fee is \$61.25 Due by May 1, 2008	Election Campaign Financ Trust Fund Contribution.	ing 🗀	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				000000883935 04/17/08-80023-020 61.25
TITLE NAME Street address City-St-Zip	DVPS ZIELER, IRIS 7857 SADDLE CREEK TRAIL SARASOTA, FL 34241				04/17/08-80023-U20 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HILLIER, KENNETH 7316 PALOMINO PLACE SARASOTA, FL 34241				
TITLE NAME STREET ADORESS CITY-ST-ZIP	DP GERMAIN, TOM 7866 SADDLE CREEK TRAIL SARASOTA, FL 34241		i	DO	NOT WRITE
TITLE Name Street Adoress City-St-Zip				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

STREET ADDRESS CITY-ST-ZIP

Daytime Phone i