FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 PM 3:38

DOCUMENT # 751290 (8)

1. Corporation Name

SADDLEBROOK RESORT CONDOMINIUM ASSSOCIATION,INC.

Principal Place of Business	Mailing Address
5700 SADDLEBROOK WAY WESLEY CHAPEL FL 33543-1499	5700 SADDLEBROOK WAY WESLEY CHAPEL FL 33543-1499

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/27/1980
3a. Date of Last Report: 01/31/1994
4. FEI Number: 59-2182217 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

ALLEN, DONALD
5700 SADDLEBEROOK WAY
WESLEY CHAPEL FL 33543

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	STRENSKI, JAMES	1.2 NAME	MCMANAMON, THOMAS	
STREET ADDRESS	10114 LAKE COVE LN.	1.3 STREET ADDRESS	1299 HARWICH COURT	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	ROCKY RIVER, OH 44116	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	DEMPSEY, THOMAS L	2.2 NAME		
STREET ADDRESS	5700 SADDLEBROOK WAY	2.3 STREET ADDRESS		
CITY-ST-ZIP	WESLEY CHAPEL FL	2.4 CITY-ST-ZIP		
TITLE	ST	3.1 TITLE		☐ Change ☐ Addition
NAME	ALLEN, DONALD L.	3.2 NAME		
STREET ADDRESS	1314 FOXWOOD DR.	3.3 STREET ADDRESS		
CITY-ST-ZIP	LUTZ FL	3.4 CITY-ST-ZIP		
TITLE	VD	4.1 TITLE	VD	☒ Change ☐ Addition
NAME	SNYDER, BRUCE	4.2 NAME	STRENSKI, JAMES	
STREET ADDRESS	5454 SADDLEBROOK WAY	4.3 STREET ADDRESS	10114 LAKE COVE LANE	
CITY-ST-ZIP	WESLEY CHAPEL FL	4.4 CITY-ST-ZIP	TAMPA, FL 33618	
TITLE	D	5.1 TITLE		☒ Change ☐ Addition
NAME	BOEHNING, DICK	5.2 NAME		
STREET ADDRESS	527 PINELAKE RD	5.3 STREET ADDRESS	5017 PINELAKE RD.	
CITY-ST-ZIP	WESLEY CHAPEL FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	MCMANAMON, THOMAS	6.2 NAME	BINZ, ARTHUR	
STREET ADDRESS	20015 DETROIT RD.	6.3 STREET ADDRESS	3707 Bordon Lane	
CITY-ST-ZIP	ROCKY RIVER OH	6.4 CITY-ST-ZIP	Green Cove Springs, FL 32043	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ron Allen 1/19/95 813-973-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

000240