FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

(8)

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 33543-4411
2. Principal Place of Business	2a. Mailing Address

FILED Feb 11 1997 8:00am Secretary of State



WESLEY CHAPE	EL FL 33543-1499	WESLEY CHAPEL FL 33543-44	111					
					3. Date Incorporated or Qualified 02/27/1980	3a. Date of 04/1	Last Report 8/1996	
	lace of Business	2a. Mailing Address			4. FEI Number		Applied For	
21		26			59-2182217		Not Applicable	
Suite, Apt.	#, 8tC.	Suite, Apt. #, etc.			5. Certificate of Status Desired		.75 Additional	
City & State		City & State		6. Election Campaign Financing \$5.00 May Be				
23		28			Trust Fund Contribution		dded to Fees	
Zip	Country	Zip Country			8. This corporation has liability for intangible tax under s. 199.032,			
24	25]	29 30	<u> </u>	·		Yes No		
	9. Name and Address of Curren	t Registered Agent	81	I Name	10. Name and Address of New Re	gistered Agent		
ALLEN, I	DONALD							
	DONALD DOLEBEROOK WAY		82	Street Ac	ddress (P.O. Box Number is Not Acceptab	ole)		
	CHAPEL FL 33543		83	<u> </u>				
***************************************	3,111,211,233,10		84	1 02		las-	Zip Code	
				,		FL 85	,	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.								
SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE Registered Agent signature required when reinstating) DATE								
12.	OFFICERS AND		13.	Jen olgridie e le	ADDITIONS/CHANGES TO OFFIC		CTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE			□ c	hange 🔲 Addition	
NAME	SNYDER, BRUCE		1,2 NAME				}	
STREET ADDRESS	5019 MILLPOND #3136		1.3 STREE	T ADDRESS				
CITY-ST-ZIP	WESLEY CHAPEL FL	DELETE	1.4 CITY-	ST-ZIP		По	hange Addition	
TITLE NAME	DEMPSEY, THOMAS L	U OELETE	2.1 TITLE 2.2 NAME			□ 0	nange L3 Addition	
STREET ADDRESS	5700 SADDLEBROOK WAY			T ADDRESS				
CITY-ST-ZIP	WESLEY CHAPEL FL			· ST - ZIP				
TITLE	ST	DELETE 317					hange	
NAME	ALLEN, DONALD L.		3.2 NAME					
STREET ADDRESS	1314 FOXWOOD DR.		3 3 STREE	T ADDRESS		•		
CITY-ST-ZIP	LUTZ FL	T BELETE	3 4. CITY	- ST - ZIP			honon Address	
TITLE	VD	☐ DELETE	4.1 TITLE	_		L.J U	hange 🔲 Addition	
NAME STREET ADDRESS	STRENSKI, JAMES 10114 LAKE COVE LANE		4. 2 NAMI	ET ADDRESS				
CITY-ST-ZIP	TAMPA FL		4.3 STREE					
TITLE	D	DELETE	5.1 TITLE	31-21			hange Addition	
NAME	BOEHNING, DICK	_	5.2 NAME					
STREET ADDRESS	5017 PINELAKE RD.		5.3 STREE	T ADDRESS			Į	
CITY-ST-ZIP	WESLEY CHAPEL FL		5.4 CITY -	ST-ZIP				
TITLE	D	DELETE	6.1 TITLE	_		. C	hange Addition	
NAME	BINZ, ARTHUR		6.2 NAME					
STREET ADDRESS	3707 BORDEN LANE			T ADDRESS				
CITY-ST-ZIP	GREEN COVE SPRINGS FL		6.4 CITY -	ST-ZIP				

14. I do hereby certify that the information supplied with this filing 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