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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 751290

1. Corporation Name

SADDLEBROOK RESORT CONDOMINIUM ASSSOCIATION,INC.

140306 - 90233 - 24

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed	
21	26	02/27/1980	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	59-2182217	Not Applicable
City & State	City & State	5. Certifcate of Status Desired ☐	$8.75 Additional Fee Required
23	28		
Zip / Country	Zip / Country	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
24 / 25	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 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 _____ 1-14-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	GEHRKE, E		1.2 NAME		
STREET ADDRESS	5407 BLUE HERON LN		1.3 STREET ADDRESS		
CITY-ST-ZIP	WESLEY CHAPEL FL 33543		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	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	☐ DELETE	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	PD	☐ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	STRENSKI, JAMES		4.2 NAME		
STREET ADDRESS	10114 LAKE COVE LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BOEHNING, DICK		5.2 NAME		
STREET ADDRESS	5017 PINELAKE RD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	WESLEY CHAPEL FL		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE	VD	☐ Change ☒ Addition
NAME	BINZ, ARTHUR		6.2 NAME	MCMANAMON, THOMAS	
STREET ADDRESS	3707 BORDEN LANE		6.3 STREET ADDRESS	1299 Harwich Court	
CITY-ST-ZIP	GREEN COVE SPRINGS FL		6.4 CITY-ST-ZIP	Rocky River, OH 44116	

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1/14/99 813-973-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #