

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 751290

1. Entity Name

SADDLEBROOK RESORT CONDOMINIUM ASSOCIATION, INC.

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2182217

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALLEN, DONALD  
5700 SADDLEBROOK WAY  
WESLEY CHAPEL FL 33543

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME GEHRKE, E ☒ Delete  
STREET ADDRESS 5407 BLUE HERON LN  
CITY-ST-ZIP WESLEY CHAPEL FL 33543

TITLE D  
NAME GEHRKE, SALLY ☐ Change ☒ Addition  
STREET ADDRESS 5407 Blue Heron Lane  
CITY-ST-ZIP Wesley Chapel, FL 33543

TITLE D  
NAME DEMPSEY, THOMAS L ☐ Delete  
STREET ADDRESS 5700 SADDLEBROOK WAY  
CITY-ST-ZIP WESLEY CHAPEL FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ST  
NAME ALLEN, DONALD L. ☐ Delete  
STREET ADDRESS 1314 FOXWOOD DR.  
CITY-ST-ZIP LUTZ FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD  
NAME GULLETT, DWAIN E ☐ Delete  
STREET ADDRESS 5325 COBBLESTONE CT  
CITY-ST-ZIP WESLEY CHAPEL FL 33543

TITLE VP  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE D  
NAME BOEHNING, DICK ☐ Delete  
STREET ADDRESS 5017 PINELAKE RD.  
CITY-ST-ZIP WESLEY CHAPEL FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD  
NAME MCMANANMON, THOMAS ☐ Delete  
STREET ADDRESS 1299 HARWICH COURT  
CITY-ST-ZIP ROCKY RIVER OH 44116

TITLE PD  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

12. 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 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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 13, 2002 8:00 am  
Secretary of State

05-13-2002 90253 019 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)