

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90188 030 ****61.25

DOCUMENT # 751290

1. Entity Name
**SADDLEBROOK RESORT CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**5700 SADDLEBROOK WAY
WESLEY CHAPEL, FL 33543-1499**

Mailing Address
**5700 SADDLEBROOK WAY
WESLEY CHAPEL, FL 33543-1499**

50036371



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01312005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2182217

Applied For
Not Applicable

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Donald Allen

Donald Allen, Secretary/Treasurer

1/31/05

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **BORRELL, ANTHONY J JR.**
STREET ADDRESS **3511 N NEBRASKA AVE.**
CITY-ST-ZIP **TAMPA, FL 33603**

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

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

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

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

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

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

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

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

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

TITLE **PD** ☐ Delete
NAME **MCMANAMON, THOMAS**
STREET ADDRESS **1299 HARWICH COURT**
CITY-ST-ZIP **ROCKY RIVER, OH 44116**

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

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:

Donald Allen

Donald Allen, Sec./Treasurer

1/31/05

813-907-4671

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #