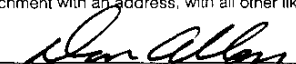


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90071 041 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                         |                                                                                  |                                                                                 |                                                                                                                                                                         |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # 751290</b><br>1. Entity Name<br><b>SADDLEBROOK RESORT CONDOMINIUM ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                         |                                                                                  |                                                                                 |                                                                                        |  |
| Principal Place of Business<br><b>5700 SADDLEBROOK WAY<br/>WESLEY CHAPEL, FL 33543-1499</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                         |                                                                                  | Mailing Address<br><b>5700 SADDLEBROOK WAY<br/>WESLEY CHAPEL, FL 33543-1499</b> |                                                                                                                                                                         |  |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                         | 3. Mailing Address                                                               |                                                                                 |                                                                                                                                                                         |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                         | Suite, Apt. #, etc.                                                              |                                                                                 |                                                                                                                                                                         |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                         | City & State                                                                     |                                                                                 | 03192007    Chg-NP    CR2E037 (12/06)                                                                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                         | Country                                                                          |                                                                                 | 4. FEI Number<br><b>59-2182217</b>                                                                                                                                      |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                         | Country                                                                          |                                                                                 | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                         |  |
| 6. Name and Address of Current Registered Agent<br><br><b>ALLEN, DONALD<br/>5700 SADDLEBROOK WAY<br/>WESLEY CHAPEL, FL 33543</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                         |                                                                                  |                                                                                 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b> Zip Code</span> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                         |                                                                                  |                                                                                 |                                                                                                                                                                         |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                         | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |                                                                                 | <b>\$5.00 May Be Added to Fees</b>                                                                                                                                      |  |
| Make check payable to<br><b>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                         |                                                                                  |                                                                                 |                                                                                                                                                                         |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                         |                                                                                  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                           |                                                                                                                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VP<br>BORRELL, ANTHONY J JR.<br>P.O. BOX 172119<br>TAMPA, FL 336720119  | <input type="checkbox"/> Delete                                                  |                                                                                 |                                                                                                                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br>DEMPSEY, THOMAS L<br>5700 SADDLEBROOK WAY<br>WESLEY CHAPEL, FL     | <input type="checkbox"/> Delete                                                  |                                                                                 |                                                                                                                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ST<br>ALLEN, DONALD L.<br>1314 FOXWOOD DR.<br>LUTZ, FL                  | <input type="checkbox"/> Delete                                                  |                                                                                 |                                                                                                                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PD<br>GULLETT, DWAIN<br>5325 COBBLESTONE CT<br>WESLEY CHAPEL, FL 33543  | <input type="checkbox"/> Delete                                                  |                                                                                 |                                                                                                                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br>BOEHNING, DICK<br>5017 PINELAKE RD.<br>WESLEY CHAPEL, FL           | <input type="checkbox"/> Delete                                                  |                                                                                 |                                                                                                                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VP<br>MCMANANMON, THOMAS<br>1299 HARWICH COURT<br>ROCKY RIVER, OH 44116 | <input checked="" type="checkbox"/> Delete                                       |                                                                                 |                                                                                                                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VP<br>CHALFIN, ROBERT J.<br>P.O. Box 4519<br>Metuchen, NJ 08840-4519    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition     |                                                                                 |                                                                                                                                                                         |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. |                                                                         |                                                                                  |                                                                                 |                                                                                                                                                                         |  |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                         | Don Allen, Sec./Treas.                                                           |                                                                                 | 3/19/07    813-973-1111                                                                                                                                                 |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                         | <small>Date</small>                                                              |                                                                                 | <small>Daytime Phone #</small>                                                                                                                                          |  |