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Apr 21, 2008 8:00 am
Secretary of State
03-31-2008 90008 036 ****61.25

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 751290

1. Entity Name
SADDLEBROOK RESORT CONDOMINIUM ASSSOCIATION,INC.

66007277

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

03182008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	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 SADDLEBEROOK 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BORRELL, ANTHONY J JR. P.O. BOX 172119 TAMPA, FL 336720119	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D William J. Reagan 583 Hickory Road Naples, FL 34108	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEMPSEY, THOMAS L 5700 SADDLEBROOK WAY WESLEY CHAPEL, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST- ALLEN, DONALD L. 1314 FOXWOOD DR. LUTZ, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GULLETT, DWAINE 5325 COBBLESTONE CT WESLEY CHAPEL, FL 33543	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOEHNING, DICK 5017 PINELAKE RD. WESLEY CHAPEL, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CHALFIN, ROBERT J P.O. BOX 4519 METUCHEN, NJ 088404519	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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.

SIGNATURE: Donald Allen — DonAld Allen — 4/17/08 — 813-907-4671
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #