


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90042 041 ****61.25

DOCUMENT # 755341
 1. Entity Name
SADDLE CLUB ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**771 RANCH RD
 WESTON, FL 33326**

Mailing Address
**771 RANCH RD
 WESTON, FL 33326**

40072183



01092008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2048979

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**PRITCHARD, KAREN
 771 RANCH RD
 WESTON, FL 33326**

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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: *Karen Pritchard* (NOTE: Registered Agent signature required when reinstating) DATE: _____

**Filing Fee is \$61.25
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SADDLE CLUB JERRY
STREET ADDRESS	771 RANCH ROAD
CITY-ST-ZIP	WESTON, FL 33326
TITLE	VD
NAME	PRITCHARD, CAL
STREET ADDRESS	771 RANCH RD
CITY-ST-ZIP	WESTON, FL 33326
TITLE	SD
NAME	PRITCHARD, KAREN
STREET ADDRESS	771 RANCH RD
CITY-ST-ZIP	WESTON, FL 33326
TITLE	TD
NAME	BOB MANN Noreen Nozaj
STREET ADDRESS	771 RANCH ROAD 641 Ranch Rd
CITY-ST-ZIP	WESTON, FL 33326 Weston, FL 33326
TITLE	PD
NAME	CARLO, PALAZZESE
STREET ADDRESS	16130 SADDLE LANE
CITY-ST-ZIP	WESTON, FL 33326
TITLE	BOB MANN
NAME	BOB MANN
STREET ADDRESS	771 RANCH ROAD
CITY-ST-ZIP	WESTON, FL 33326

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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: *Noreen Pritchard*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 11/10/08 Daytime Phone #: 954-655-3126