

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # J17532**

1. Entity Name  
**SADDLEBROOK INTERNATIONAL TENNIS, INC.**



Principal Place of Business  
**5700 SADDLEBROOK WAY  
WESLEY CHAPEL, FL 33543-4499 US**

Mailing Address  
**5700 SADDLEBROOK WAY  
WESLEY CHAPEL, FL 33543-4499 US**



04052005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2697336**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**RIEHLE, GREGORY R.  
5700 SADDLEBROOK WAY  
WESLEY CHAPEL, FL 33543**

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	CD
NAME	DEMPSEY, THOMAS L.
STREET ADDRESS	5700 SADDLEBROOK WAY
CITY - ST - ZIP	WESLEY CHAPEL, FL 33543
TITLE	P
NAME	RIEHLE, GREGORY R.
STREET ADDRESS	5700 SADDLEBROOK WAY
CITY - ST - ZIP	WESLEY CHAPEL, FL 33543
TITLE	VAS
NAME	DEMPSEY, MAUREEN
STREET ADDRESS	5700 SADDLEBROOK WAY
CITY - ST - ZIP	WESLEY CHAPEL, FL
TITLE	VAS
NAME	RIEHLE, DIANE
STREET ADDRESS	5700 SADDLEBROOK WAY
CITY - ST - ZIP	WESLEY CHAPEL, FL
TITLE	T
NAME	ALLEN, DON
STREET ADDRESS	5700 SADDLEBROOK WAY
CITY - ST - ZIP	WESLEY CHAPEL, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/28/05-80073-019 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #