


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90053 020 ****61.25

DOCUMENT # N00000001703	
1. Entity Name SADDLEBROOKE HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 775 TRIPLE CROWN LANE MELBOURNE, FL 32904	Mailing Address SADDLEBROOK HOA P.O. BOX 121316 MELBOURNE, FL 32912
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2. Principal Place of Business 973 DEL MAR CIR.	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State W. MELBOURNE, FL	City & State
Zip 32904	Country USA



03072005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3634456	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent WEISS, HOWARD M 752 DELMAR CIRCLE MELBOURNE, FL 32904	7. Name and Address of New Registered Agent Name PHILIP J. KOECHLEIN Street Address (P.O. Box Number is Not Acceptable) 973 DEL MAR CIR. City WEST MELBOURNE FL Zip Code 32904
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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 *Philip J. Koehlein* **PRESIDENT** **3/14/05**
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WEISS, HOWARD M 752 DEL MAR CIRCLE MELBOURNE, FL 32904 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D KOECHLEIN, PHILIP 973 DEL MAR CIR W. MELBOURNE, FL 32904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACOBS, HAL 953 DEL MAR CIRCLE MELBOURNE, FL 32904 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S/D STRASBURG, DENNIS 787 PRAIRIE LN W. MELBOURNE, FL 32904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANDERS, MARY JANE 2140 BELMONT WAY MELBOURNE, FL 32904 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D GRAY, JAMES 2100 BELMONT DR W. MELBOURNE, FL 32904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOWLER, JUDITH 1082 DEL MAR CIRCLE MELBOURNE, FL 32904 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D BOJACK, PATRICIA 722 DEL MAR CIR W. MELBOURNE, FL 32904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHRISTY, FISHER 822 DEL MAR CIRCLE MELBOURNE, FL 32904 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANTWELL, WILLIAM 785 TRIPLE CROWN LN W. MELBOURNE, FL 32904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODS, DAVID 726 PRAIRIE LN W. MELBOURNE, FL 32904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *Mary J. Landers* **DIRECTOR** **3-14-05** **321-727-4096**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #