

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90241 004 ****61.25

DOCUMENT # N00000001703					
1. Entity Name SADDLEBROOKE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 973 DEL MAR CIR MELBOURNE, FL 32904			Mailing Address SADDLEBROOK HOA P.O. BOX 121316 MELBOURNE, FL 32912		
2. Principal Place of Business		3. Mailing Address 1978 Rockledge Blvd			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 106			
City & State		City & State Rockledge FL			
Zip	Country	Zip 32955	Country USA	4. FEI Number 59-3634456	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KEOCHLEIN, PHILIP J 973 DEL MAR MELBOURNE, FL 32904			7. Name and Address of New Registered Agent Name: Advanced Property Management Street Address (P.O. Box Number is Not Acceptable): 1978 Rockledge Blvd Suite 106 City: Rockledge FL Zip Code: 32955		
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: <i>Chickie H. Martin</i> DATE: 1-26-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD	NAME KEOCHLEIN, PHILIP		TITLE DD	NAME DD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 973 DEL MAR CIR	CITY - ST - ZIP MELBOURNE, FL 32904		STREET ADDRESS	CITY - ST - ZIP	
TITLE VSD	NAME STRASBURG, DENNIS		TITLE DD	NAME DD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 787 BELMONT DR	CITY - ST - ZIP MELBOURNE, FL 32904		STREET ADDRESS	CITY - ST - ZIP	
TITLE TD	NAME GRAY, JAMES		TITLE TD	NAME KEVIN MCINTYRE	
STREET ADDRESS 200 BELMONT DR	CITY - ST - ZIP MELBOURNE, FL 32904		STREET ADDRESS 794 TRIPLE CROWN Lane	CITY - ST - ZIP WEST MELBOURNE, FL 32904	
TITLE SD	NAME BOJACK, PATRICIA		TITLE PD	NAME MARtha Landers	
STREET ADDRESS 722 DEL MAR CIR	CITY - ST - ZIP MELBOURNE, FL 32904		STREET ADDRESS 2140 Belmont Way	CITY - ST - ZIP WEST MELBOURNE, FL 32904	
TITLE D	NAME CANTWELL, WILLIAM		TITLE VPD	NAME Lisa Rider	
STREET ADDRESS 785 TRIPLE CROWN LN	CITY - ST - ZIP MELBOURNE, FL 32904		STREET ADDRESS 2001 Belmont Way	CITY - ST - ZIP WEST MELBOURNE, FL 32904	
TITLE 	NAME 		TITLE DD	NAME Sue Williams	
STREET ADDRESS	CITY - ST - ZIP		STREET ADDRESS 762 Del Mar Circle	CITY - ST - ZIP WEST MELBOURNE, FL 32904	
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: <i>Kenn J. McIntyre</i>			3/9/06 321-723-5391		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					