

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90459 028 \*\*\*\*61.25

<b>DOCUMENT # N03000001414</b> 1. Entity Name <b>SADDLEBROOK EQUESTRIAN PARK HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>P.O. BOX 771297 OCALA, FL 34477-1297</b>				Mailing Address <b>P.O. BOX 771297 OCALA, FL 34477-1297</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>KLEIN, H. RANDOLPH 333 N.W. 3RD AVENUE OCALA, FL 34475</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PRES	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHMITT, GUY R		NAME	Ronald Cannatella	
STREET ADDRESS	6493 NW 12TH STREET		STREET ADDRESS	637 NW 12th Street	
CITY-ST-ZIP	OCALA, FL 34482		CITY-ST-ZIP	Ocala, FL 34482	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	SEC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YARBOROUGH, JOHN W		NAME	David Fisher	
STREET ADDRESS	6421 NW 12TH STREET		STREET ADDRESS	6351 NW 12th Street	
CITY-ST-ZIP	OCALA, FL 34482		CITY-ST-ZIP	Ocala, FL 34482	
TITLE	TR	<input checked="" type="checkbox"/> Delete	TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHMITT, MICHELLE M		NAME	Peter Layden	
STREET ADDRESS	6493 NW 12TH STREET		STREET ADDRESS	5620 SE 4th Court	
CITY-ST-ZIP	OCALA, FL 34482		CITY-ST-ZIP	Ocala, FL 34480	
TITLE	SEC	<input type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CULBERTSON, KELLY		NAME		
STREET ADDRESS	6781 NW 12TH STREET		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34482		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> <u>Kelly Culbertson Kelly Culbertson 4-28-05 (352) 873-0861</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					