2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2009
Secretary of State

DOCUMENT# N03000001414

Entity Name: SADDLEBROOK EQUESTRIAN PARK HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

6421 NW 12TH. STREET
OCALA, FL 34482

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 771297
OCALA, FL 344771297

New Mailing Address:

FEI Number: 57-1196637 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KLEIN, H. RANDOLPH
333 N.W. 3RD AVENUE
OCALA, FL 34475 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FISHER, RUTH
Address: 6351 NW 12TH STREET
City-St-Zip: OCALA, FL 34482

Title: T ( ) Delete
Name: CALLI, LOUIS J
Address: 6421 NW 12TH STREET
City-St-Zip: OCALA, FL 34482

Title: VP ( ) Delete
Name: HASTINGS, STEVE
Address: 6925 NW 12TH STREET
City-St-Zip: OCALA, FL 34480

Title: S ( ) Delete
Name: WORDEN, JULIS
Address: 6565 NW 12TH. STREET
City-St-Zip: OCALA, FL 34482

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: KNOTT, D
Address: 6351 NW 12TH STREET
City-St-Zip: OCALA, FL 34482

Title: T (X) Change ( ) Addition
Name: CALLI, DEBRA J
Address: 6421 NW 12TH STREET
City-St-Zip: OCALA, FL 34482

Title: VP (X) Change ( ) Addition
Name: FISHER, RUTH
Address: 6351 NW 12TH STREET
City-St-Zip: OCALA, FL 34480

Title: S (X) Change ( ) Addition
Name: WORDEN, JULIA
Address: 6565 NW 12TH. STREET
City-St-Zip: OCALA, FL 34482

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBRA CALLI T 05/14/2009

Electronic Signature of Signing Officer or Director — Date