


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

<b>DOCUMENT # N03000003729</b> 1. Entity Name <b>SADDLE CREEK VILLAGE OWNERS ASSOCIATION, INC.</b>	
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Principal Place of Business <b>2905 JACQUE LEE LN LAKELAND, FL 33803</b>	Mailing Address <b>2905 JACQUE LEE LN LAKELAND, FL 33803</b>
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**DO NOT WRITE IN THIS SPACE**



01182005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>20-0433859</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**INTERSTATE REGISTERED AGENT CORPORATION  
701 BRICKELL AVE STE 3000  
MIAMI, FL 33131**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<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</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KENT, JERARD A
STREET ADDRESS	2905 JACQUE LEE LN
CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	D
NAME	KENT, SHIRLEY W
STREET ADDRESS	2905 JACQUE LEE LN
CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	D
NAME	GREEN, ROBERT F
STREET ADDRESS	1880 N CRYSTAL LAKE DR #32
CITY-ST-ZIP	LAKELAND, FL 33801
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000293340  
04/08/05-80024-021 61.25

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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:**  **1/23/05** **865 654-8242**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #