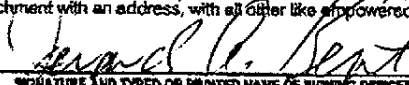


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT -

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000003729 1. Entity Name SADDLE CREEK VILLAGE OWNERS ASSOCIATION, INC.			
Principal Place of Business 2908 WOODBURN LN 620 Laurel Ln LAKELAND, FL 33803 33813		Mailing Address 2908 WOODBURN LN 620 Laurel Ln. LAKELAND, FL 33803 33813	
DO NOT WRITE IN THIS SPACE		 04242006 No Chg-NP CR2E037 (11/05)	
6. Name and Address of Current Registered Agent INTERSTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVE STE 3000 MIAMI, FL 33131		DO NOT WRITE 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 registering) Signature, typed or printed name of registered agent and file if applicable.			
Filing Fee is \$81.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENT, JERARD A 2908 WOODBURN LN 620 Laurel Ln. LAKELAND, FL 33803 33813		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENT, SHIRLEY W 2908 WOODBURN LN 620 Laurel Ln. LAKELAND, FL 33803 33813		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, ROBERT F 1800 N CRYSTAL LAKE DR #32 LAKELAND, FL 33801		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: 		4/24/06 863 665-8242 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	