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	Mailing Address
~~2905 MCQUEEN LEE LN~~ 620 Laurel Ln LAKELAND, FL ~~33803~~ 33813	~~2905 MCQUEEN LEE LN~~ 620 Laurel Ln. LAKELAND, FL ~~33803~~ 33813

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04242006 No Chg-NP CR2E037 (11/05)

4. FEI Number
20-0433859

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** 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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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KENT, JERARD A
STREET ADDRESS	~~2905 MCQUEEN LN~~ 620 Laurel Ln.
CITY-ST-ZIP	LAKELAND, FL ~~33803~~ 33813
TITLE	D
NAME	KENT, SHIRLEY W
STREET ADDRESS	~~2905 MCQUEEN LEE LN~~ 620 Laurel Ln.
CITY-ST-ZIP	LAKELAND, FL ~~33803~~ 33813
TITLE	D
NAME	GREEN, ROBERT F
STREET ADDRESS	1660 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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/09/06-80050-001 61.25

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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: Jerard A. Kent 4/24/06 863 665-8242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #