

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003127

FILED
Apr 24, 2006
Secretary of State

Entity Name: SADDLE CREEK MANOR TOWNHOMES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3434 COLWELL AVENUE
SUITE 200
TAMPA, FL 33614 US

New Principal Place of Business:

Current Mailing Address:

3434 COLWELL AVENUE
SUITE 200
TAMPA, FL 33614 US

New Mailing Address:

FEI Number: 51-0517565

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIZZETTA & COMPANY, INC.
3434 COLWELL AVENUE
SUITE 200
TAMPA, FL 33614 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: PD () Delete
Name: LAWSON, ROBERT
Address: 5850 T.G. LEE BLVD, SUITE 600
City-St-Zip: ORLANDO, FL 32822

Title: VPD () Delete
Name: MOSS, DAVID
Address: 5850 T.G. LEE BLVD, SUITE 600
City-St-Zip: ORLANDO, FL 32822

Title: SD () Delete
Name: MURPHY, BRANDY
Address: 5850 T.G. LEE BLVD, SUITE 600
City-St-Zip: ORLANDO, FL 32822

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HILL, TOM
Address: 14055 RIVEREDGE DR. # 200
City-St-Zip: TAMPA, FL 33637

Title: VPD (X) Change () Addition
Name: JOYNER, JAMES
Address: 14055 RIVEREDGE DR #200
City-St-Zip: TAMPA, FL 33637

Title: SD (X) Change () Addition
Name: THOMPSON, LARRY
Address: 14055 RIVEREDGE DR.
City-St-Zip: TAMPA, FL 33637

I hereby certify that the information supplied with this filing does not qualify for the 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: TOM HILL

SP

04/24/2006

Electronic Signature of Signing Officer or Director

Date