

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 27, 2005 8:00 am
Secretary of State

06-27-2005 90002 004 ****70.00

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1. Entity Name
SADDLE RIDGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**308 E. LEMON STREET
SUITE 107
LAKELAND, FL 33801**

Mailing Address
**POST OFFICE BOX 617
KATHLEEN, FL 33849**

50053797



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06242005

Chg-NP

CR2E037 (10/03)

4. FEI Number

34-2037323

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SUTTON, CARLOS K JR
308 E. LEMON STREET
SUITE 107
LAKELAND, FL 33801**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PSD
SUTTON, CARLOS K
308 E. LEMON STREET SUITE 107
LAKELAND, FL 33801** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VTD
SUTTON, MICHAEL A
308 E. LEMON STREET SUITE 107
LAKELAND, FL 33801** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
SUTTON, ROBIN
308 E. LEMON STREET SUITE 107
LAKELAND, FL 33801** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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☐ Change ☐ Addition

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:

Carlos Keith Sutton Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carlos Keith Sutton Jr.
CARLOS Keith SUTTON JR.

Date

Daytime Phone #

(863)

640-9233