


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90029 040 ****61.25

DOCUMENT # N04000007152					
1. Entity Name SADDLEWOOD PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 1855 SADDLEWOOD DRIVE BARTOW, FL 33830			Mailing Address PO BOX 71 BARTOW, FL 33831		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent REALL, JOANNA 2120 SADDLEWOOD DRIVE BARTOW, FL 33830					
7. Name and Address of New Registered Agent					
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City					
State 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D HOWARD, JARED <input type="checkbox"/> Delete 1855 SADDLEWOOD DRIVE BARTOW, FL 33830				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALTERS, JOHN <input type="checkbox"/> Delete 1760 SADDLEWOOD DRIVE BARTOW, FL 33830				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REALL, JOANNA <input type="checkbox"/> Delete 2120 SADDLEWOOD DRIVE BARTOW, FL 33830				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GODWIN, MELODY <input checked="" type="checkbox"/> Delete 2100 SADDLEWOOD DRIVE BARTOW, FL 33830				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, ANA <input type="checkbox"/> Delete 2050 SADDLEWOOD DRIVE BARTOW, FL 33830				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SINGLER, RON <input type="checkbox"/> Delete 1795 SADDLEWOOD DRIVE BARTOW, FL 33830				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cheryl Malczyk <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2065 Saddlewood Drive Bartow FL. 33830				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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 another like empowered.					
SIGNATURE: <u>Joanna Reall</u> 2/10/08 863-533-0913 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					