2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# N04000007152

Entity Name: SADDLEWOOD PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1855 SADDLEWOOD DRIVE
BARTOW, FL 33830

New Principal Place of Business:

Current Mailing Address:

PO BOX 71
BARTOW, FL 33831

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REALL, JOANNA
2120 SADDLEWOOD DRIVE
BARTOW, FL 33830 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:	D	( ) Delete
Name:	HOWARD, JARED	
Address:	1855 SADDLEWOOD DRIVE	
City-St-Zip:	BARTOW, FL 33830	
Title:	D	( ) Delete
Name:	WALTERS, JOHN	
Address:	1760 SADDLEWOOD DRIVE	
City-St-Zip:	BARTOW, FL 33830	
Title:	D	( ) Delete
Name:	REALL, JOANNA	
Address:	2120 SADDLEWOOD DRIVE	
City-St-Zip:	BARTOW, FL 33830	
Title:	D	( ) Delete
Name:	MALCZYK, CHERYL	
Address:	2065 SADDLE WOOD DR	
City-St-Zip:	BARTOW, FL 33830	
Title:	D	(X) Delete
Name:	WHITE, ANA	
Address:	2050 SADDLEWOOD DRIVE	
City-St-Zip:	BARTOW, FL 33830	
Title:	D	( ) Delete
Name:	SINGLER, RON	
Address:	1795 SADDLEWOOD DRIVE	
City-St-Zip:	BARTOW, FL 33830	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify 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: JOANNA L REALL TREA 04/27/2009
Electronic Signature of Signing Officer or Director — Date