

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001306

FILED
Jan 22, 2009
Secretary of State

Entity Name: SADDLE RIDGE FARMS PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

483 N BEACH STREET
ORMOND BEACH, FL 32174

New Principal Place of Business:

1429 OAK FOREST DRIVE
ORMOND BEACH, FL 32174

Current Mailing Address:

483 N BEACH STREET
ORMOND BEACH, FL 32174

New Mailing Address:

1429 OAK FOREST DRIVE
ORMOND BEACH, FL 32174

FEI Number: 20-8749885

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLOVER, PETER M
483 N BEACH STREET
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

O'DWYER, KEVIN M
1429 OAK FOREST DRIVE
ORMOND BEACH, FL 32174 US

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: KEVIN M. O'DWYER

01/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: GLOVER, PETER M
Address: 483 N BEACH STREET
City-St-Zip: ORMOND BEACH, FL 32174

Title: DVP () Delete
Name: FERGUSON, RAY
Address: 12865 JOHN ANDERSON DRIVE
City-St-Zip: ORMOND BEACH, FL 32176

Title: DST (X) Delete
Name: O'DWYER, KEVIN M
Address: 1429 OAK FOREST DRIVE
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: O'DWYER, KEVIN M
Address: 1429 OAK FOREST DRIVE
City-St-Zip: ORMOND BEACH, FL 32174

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: KEVIN M. O'DWYER

DP

01/22/2009

Electronic Signature of Signing Officer or Director

Date