

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005611

FILED
May 01, 2009
Secretary of State

Entity Name: OUR ROADS ASSOCIATION OF SADDLE CREEK VILLAGE, INC.

Current Principal Place of Business:

4360 MAINE AVENUE
LAKELAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

4360 MAINE AVENUE
LAKELAND, FL 33801

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LAVIANO, SHANNON J
103 W. DAMPIER STREET
INVERNESS, FL 34450 US

Name and Address of New Registered Agent:

STANTON, BRANDY L
4830 MAINE AVE.
LAKELAND, FL 33801 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: BRANDY L. STANTON

05/01/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STANTON, WILLIAM H JR.
Address: 4360 MAINE AVENUE
City-St-Zip: LAKELAND, FL 33801

Title: PTD (X) Delete
Name: LAFON, MARK
Address: 4360 MAINE AVENUE
City-St-Zip: LAKELAND, FL 33801

Title: SD (X) Delete
Name: NELSON, PETE
Address: 4360 MAINE AVENUE
City-St-Zip: LAKELAND, FL 33801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change () Addition
Name: STANTON, WILLIAM H JR.
Address: 4360 MAINE AVENUE
City-St-Zip: LAKELAND, FL 33801

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: WILLIAM H. STANTON JR.

PTSD

05/01/2009

Electronic Signature of Signing Officer or Director

Date