FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 24 AM 9:22

DOCUMENT # **N13415** **(7)**

1. Corporation Name

SADDLEOAK CLUB MOBILEHOME OWNERS ASSOCIATION, IN NC.

Principal Place of Business	Mailing Address
5610 SW 60TH ST OCALA FL 34474 US	5610 SW 60TH ST OCALA FL 34474 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/13/1986
3a. Date of Last Report: 01/31/1994
4. FEI Number: 59-2686818 ☐ Applied For ☐ Not Applicable
2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24): Country (25):
Zip (29): Country (30):
5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

VERMILLION, JANE
5665 SW 56TH ST.
OCALA FL 34474

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	1.1 TITLE	☐ Change ☐ Addition
NAME	VERMILLION, JANE	1.2 NAME	
STREET ADDRESS	5665 SW 56TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	CONNER, LEO	2.2 NAME	
STREET ADDRESS	6055 SW 57TH AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	VD ☒ Change ☐ Addition
NAME	HOFFMMAN, CAROLYN	3.2 NAME	BOLSON, PHILIP
STREET ADDRESS	5720 SW 54TH TERR.	3.3 STREET ADDRESS	5480 SW 57th PLACE
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP	OCALA FL 34474
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	MURPHY, FRANK	4.2 NAME	
STREET ADDRESS	5965 SW 57TH AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	☐ Change ☐ Addition
NAME	BOLSON, FRANCES	5.2 NAME	
STREET ADDRESS	5480 SW 57TH PLACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	D ☒ Change ☐ Addition
NAME	COLGROVE, RALPH	6.2 NAME	HOUK, DICK
STREET ADDRESS	5595 SW 60TH ST	6.3 STREET ADDRESS	5745 SW 56th AVE
CITY-ST-ZIP	OCALA FL	6.4 CITY-ST-ZIP	OCALA FL 34474

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jane E Vermillion 1/12/95 237-5758
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL FILING ANNUAL REPORT — Date — Daytime Phone #
JANE VERMILLION

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