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Feb 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

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

3. Date Incorporated or Qualified: 02/13/1986

4. FEI Number: 59-2686818 ☐ Applied For ☐ Not Applicable

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. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

TRIMMER, TED
5636 SW 58TH STREET
OCALA FL 34474

10. Name and Address of New Registered Agent

81 Name: FRTITZ, JIM,
82 Street Address (P.O. Box Number is Not Acceptable): 5519 SW 59th St.
83
84 City: Ocala **FL** 85 Zip Code: 34474

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: James Trimmer 2-9-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPD	☒ DELETE	1.1 TITLE	PCD	☐ Change ☒ Addition
NAME	DORNER, ALFRED		1.2 NAME	FRITZ, JIM	
STREET ADDRESS	5440 SW 56TH ST.		1.3 STREET ADDRESS	5519 SW 59th St.	
CITY-ST-ZIP	OCALA FL		1.4 CITY-ST-ZIP	Ocala, FL 34474	
TITLE	PCO	☒ DELETE	2.1 TITLE	VPD	☐ Change ☒ Addition
NAME	TRIMMER, TED		2.2 NAME	COLGROVE, RALPH	
STREET ADDRESS	5636 SW 58TH ST		2.3 STREET ADDRESS	5595 SW 60th St.	
CITY-ST-ZIP	OCALA FL		2.4 CITY-ST-ZIP	Ocala, FL 34474	
TITLE	D	☒ DELETE	3.1 TITLE	VPD	☐ Change ☒ Addition
NAME	BELL, COLLEEN		3.2 NAME	FOSTER, RUSSELL	
STREET ADDRESS	5641 SW 57TH ST.		3.3 STREET ADDRESS	6000 SW 57th Ave.	
CITY-ST-ZIP	OCALA FL		3.4 CITY-ST-ZIP	Ocala, FL 34474	
TITLE	T	☐ DELETE	4.1 TITLE	T	☐ Change ☐ Addition
NAME	MURPHY, FRANK		4.2 NAME	MURPHY, FRANK	
STREET ADDRESS	5965 SW 57TH AVE		4.3 STREET ADDRESS	5965 SW 57th Ave.	
CITY-ST-ZIP	OCALA FL		4.4 CITY-ST-ZIP	Ocala, FL 34474	
TITLE	S	☐ DELETE	5.1 TITLE	S	☐ Change ☐ Addition
NAME	BOLSON, FRANCES		5.2 NAME	BOLSON, FRANCES	
STREET ADDRESS	5480 SW 57TH PLACE		5.3 STREET ADDRESS	5480 SW 57th Pl.	
CITY-ST-ZIP	OCALA FL		5.4 CITY-ST-ZIP	Ocala, FL 34474	
TITLE	VPD	☐ DELETE	6.1 TITLE	D	☐ Change ☐ Addition
NAME	GERKEN, FRANCES		6.2 NAME	GERKEN, FRANCES	
STREET ADDRESS	6060 SW 56TH TERR		6.3 STREET ADDRESS	6060 SW 56th Terr.	
CITY-ST-ZIP	OCALA FL		6.4 CITY-ST-ZIP	Ocala, FL 34474	

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing 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: James Trimmer 2-9-98 352-237-5931