NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 24, 2000 8:00 am **Secretary of State**

03-24-2000 90022 046 ****61.25

DOCUMENT # N13415 1. Corporation Name Sæddle OAK Club Homeowners

Principal Place of Business

6025 5.W. 57 & Ave

OCAIA F1. 34474

3. Date Incorporated or Qualifed

825703

Applied For -†Rot Applicable \$8.75 Additional

City & State

OCA) A FOCULTY

OCAIA, F.)

DELETE

□ DELETE

City & State

9. Name and Address of Current Registered Agent

Certificate of Status Desired

Street Address (P.O. Box Number is Not Acceptable)

TREAS

FRANBOLSO.

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Fee Required

10. Name and Address of New Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

CARROLL" PFluger 5661 SW 5474 TERR.

Zip Code City 85

CARROLL "REL" PSINGER

MARILYN BNOWLES

5612 SW 5814 PI

5661 5W 54TH T- CAR.

CAIA, E. 34474

Cala FI 3447 Thange

15TV. P MAG, BANG ZAK

ZNOVP SIEVE STACK Change

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.

13.

1.1 TITLE

1.2 NAME

2.1 TITLE

2.2 NAME

1.3 STREET ADDRESS

2.3 STREET ADDRESS

3.3 STREET ADDRESS

4.3 STREET ADDRESS 4.4 CITY-ST-ZIF

3.4, CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME

1.4 CITY-ST-ZIP

Name

SIGNATURE	Signature, typed	or printed name	ne of registe	red age	nt and title if	pplicable.
12.			OFFICE	RS AI	ND DIREC	TORS
TITLE	JIM	FIZI	12		PR	= <u>-</u>

5519 SW 59TH ST DCAIA, FI 34474

RANK MURPHY
9655W 572K STREET ADDRESS

CITY-ST-ZIP NAME STREET ADDRESS

□ DELETE

STREET ADDRESS CITY-ST-ZIP □ DELETE TITLE

CITY-ST-ZIP TITLE NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

NAME

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

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, with all other like empowered AZZOI

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNA

Change

☐ Addition

Addition

Addition