2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2001 8:00 am
Secretary of State
03-27-2001 90039 030 ****61.25

DOCUMENT # N13415

1. Entity Name

SADDLEOAK CLUB MOBILEHOME OWNERS ASSOCIATION, IN

Principal Place of Business	Mailing Address
5610 SW 60TH ST OCALA FL 34474 US	5610 SW 60TH ST OCALA FL 34474-5695 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FRTITZ, JIM 5519 SW 59TH ST OCALA FL 34474	Name FRAN Bolson Street Address (P.O. Box Number is Not Acceptable) 5480 SW 57TH PL City OCALA FL Zip Code 34474

8. 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 Frances E Bolson

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

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCD FRITZ, JIM 5519 SW 59TH ST OCALA FL 34474	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres FRAN Bolson 5480 SW 57TH PL OCALA, FL 34474 — ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BANCZAK, MARJORIE 5528 SW 59TH ST OCALA FL 34474	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD STACHNIK, STEPHEN 5535 SW 60TH ST. OCALA FL 34474	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MURPHY, FRANK 5965 SW 57TH AVE OCALA FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Marilyn Knowles 5412 SW 58TH PL OCALA, FL 34474 — ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BOLSON, FRANCES 5480 SW 57TH PLACE OCALA FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Colleen Bell 5441 SW 57TH ST OCALA, FL 34474 — ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SOUZA, VIVIAN 5666 SW 56TH ST OCALA FL 34474	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Josephine Zyrawski 5660 SW 57TH AVE OCALA, FL 34474 — ☐ Change ☑ Addition

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: S/ Marilyn Knowles Mem 3/22/01 352-873-9554

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #