4/3/

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
04-03-2002 90034 001 ****61.25

DOCUMENT # N13415

1. Entity Name
Saddleoak Club Owners Association

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
5610 SW 60TH ST	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OCALA, FL 34474	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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Don Huber

Street Address (P.O. Box Number is Not Acceptable): 5755 SW 55TH Ave

City: OCALA, FL **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: _____ DATE: 4/30/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25
Initial or Amended UBR

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

TITLE	Pres
NAME	Don Huber
STREET ADDRESS	5755 SW 55TH Ave
CITY-ST-ZIP	OCALA, FL 34474
TITLE	VPD
NAME	Barbara Pollard
STREET ADDRESS	6080 SW 57TH Ave
CITY-ST-ZIP	OCALA, FL 34474
TITLE	VPD
NAME	George Glenn
STREET ADDRESS	5641 SW 56TH Pl
CITY-ST-ZIP	OCALA, FL 34474
TITLE	T
NAME	Marilyn Knowles
STREET ADDRESS	5612 SW 58TH Pl
CITY-ST-ZIP	OCALA, FL 34474
TITLE	S.
NAME	Colleen Bell
STREET ADDRESS	5641 SW 57TH St.
CITY-ST-ZIP	OCALA, FL 34474
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Don Huber _____ 3/24/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #