

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90081 047 ****61.25

DOCUMENT # N13415

1. Entity Name

SADDLE OAK CLUB HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

5610 SW 60TH ST
OCALA FL 34474
US

Mailing Address

5610 SW 60TH ST
OCALA FL 34474
US

2. Principal Place of Business

SAME

3. Mailing Address

6110 SW 56TH TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
OCALA, FLORIDA

4. FEI Number

59-2686818

Applied For

Not Applicable

Zip

Country

Zip

34474

Country

MARION

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RECORD, JOHN
5670 SW 55TH AVE.
OCALA FL 34474

7. Name and Address of New Registered Agent

Name **KENNETH MATTHEWS TRES.**

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

6110 SW 56TH TER

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

TRES.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

02-25-05

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RECORD, JOHN 5670 SW 55TH AVE. OCALA FL 34474	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HOY, JACK 5668 SW 58TH PL OCALA FL 34474	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WYLLIE, BILL 5564 SW 58TH PL OCALA FL 34474	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KNOWLES, MARILYN 5612 SW 58TH PLACE OCALA FL 34474	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BELL, COLLEEN 5641 SE 57TH STREET OCALA FL 34474	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	JEANNE LINK 5631 SW 57TH ST. OCALA, FL 34474	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BERNIE KOZLOWSKI 5680 SW 56TH PLACE OCALA, FL 34474	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAROLYN MILLER 6085 SW 57TH AVE. OCALA, FL 34474	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOYCE KELLOWAY 5697 SW 56TH PLACE OCALA, FL 34474	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROBERT BULL 5525 SW 58TH PLACE OCALA, FL 34474	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #