2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2008 08:00 AM
Secretary of State

DOCUMENT # N13415

1. Entity Name
SADDLE OAK CLUB HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5610 SW 60TH ST OCALA, FL 34474 US	5608 SW 56 ST OCALA, FL 34474 US

01092008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

PACE, TONY
5608 SW 56 ST
OCALA, FL 34474

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

Filing Fee is $31.25
Due by May 1, 2008

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

U00000785019
01/16/08-80077-022 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PACE, TONY
STREET ADDRESS	5608 SW 56TH ST
CITY-ST-ZIP	OCALA, FL 34474
TITLE	2V
NAME	MILLER, CAROLYN
STREET ADDRESS	6085 SW 57 AVE
CITY-ST-ZIP	OCALA, FL 34474
TITLE	D
NAME	RECORD, JOAN
STREET ADDRESS	5670 SW 56 AVE
CITY-ST-ZIP	OCALA, FL 34474
TITLE	D
NAME	OUIMETTE, RICHARD
STREET ADDRESS	5755 SW 55 AVE
CITY-ST-ZIP	OCALA, FL 34474
TITLE	1V
NAME	BULL, ROBERT
STREET ADDRESS	5525 SW 58TH PLACE
CITY-ST-ZIP	OCALA, FL 34474
TITLE	S
NAME	KOZLOWSKI, JEANNE
STREET ADDRESS	5680 SW 56TH PL
CITY-ST-ZIP	OCALA, FL 34474

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Tony Pace 1/14/08 352-237-2758
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #