

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90830 014 ****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
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country



☒ CHECK HERE IF MAKING CHANGES

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
**HUBER, DON
5753 SW 55TH PLACE
OCALA FL 34474**

7. Name and Address of New Registered Agent
Name **John Record**
Street Address (P.O. Box Number is Not Acceptable) **5670 SW 55TH AVE**
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 **John Record** **John Record** **2-19-03**
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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUBER, DON 5753 SW 55TH AVE OCALA FL 34474	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD POLLARD, BARBARA 6080 SW 57TH AVE OCALA FL 34474	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GLEN, GEORGE 5641 SW 56TH AVE 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	John Record 5670 SW 55TH AVE Ocala FL 34474	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bill Wyllie 5564 SW 58TH PI OCALA, FL 34474	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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 REQUIRED** **2-19-03** **352-237-3025**

CR2E037 (10/02)