2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2009
Secretary of State

DOCUMENT# N29312

Entity Name: SADDLE CLUB ESTATES PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

230 HACKAMORE DR
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2821
NEW SMYRNA BEACH, FL 32170 US

New Mailing Address:

FEI Number: 59-2945958 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HALL, RICHARD
230 HACKAMORE DR
NEW SMYRNA BEACH, FL 32168 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: TSD ( ) Delete
Name: JOINER-SMITH, CHERI
Address: 4170 SADDLE CLUB DR
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: PD ( ) Delete
Name: HALL, RICHARD
Address: 230 HACKAMORE DR
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D ( ) Delete
Name: KANALAS, DEBRA
Address: 240 POMMEL DR
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D ( ) Delete
Name: PORTER, LARRY
Address: 220 HACKAMORE DR
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D ( ) Delete
Name: COATES, BRUCE
Address: 4171 SADDLE CLUB DR
City-St-Zip: NEW SMYRNA BEACH, FL 32168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHERI JOINER-SMITH TSD 05/04/2009

Electronic Signature of Signing Officer or Director — Date