

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90050 028 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

**DOCUMENT # N40260**

1. Entity Name

**SADDLEWOOD ESTATES HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

1311 NORTH CHURCH AVENUE  
 TAMPA FL 33607

Mailing Address

~~1311 NORTH CHURCH AVENUE~~  
~~TAMPA FL 33607-2404~~

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

3550 Buschwood Park Dr.

Suite, Apt. #, etc.

Suite 135

City & State

Tampa, FL

Zip

33618

Country

US

4. FEI Number

59-3132292

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LEAVE AS IS.  
**HABER, RICHARD M.** HABER, RICHARD M.  
 1311 NORTH CHURCH AVENUE 1311 NORTH CHURCH AVE.  
 TAMPA FL 33607 TAMPA, FL 33607

7. Name and Address of New Registered Agent

Name: *Debra Williams*  
 Street Address (P.O. Box Number is Not Acceptable): *3550 BUSCHWOOD PARK DR.*  
 Suite *135*  
 City: *Tampa* FL Zip Code: *33618*

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

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  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	CONNLEY, GREG	
STREET ADDRESS	27612 PROSPECT PL	
CITY-ST-ZIP	WESLEY CHAPEL FL 33544	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HABER, RICHARD M.	
STREET ADDRESS	1311 NORTH CHURCH AVE.	
CITY-ST-ZIP	TAMPA FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ANDREW, LYNN J	
STREET ADDRESS	1311 N CHURCH RD AVE	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *X* SIGNATURE: *REQUIRED*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-2000 813-876-8320  
 Date Daytime Phone #

CR2E037 (9/99)