2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N93000001556

1. Entity Name

SILVER SADDLE ESTATES, INC.



FILED Jan 24, 2008 08:00 A Secretary of State

Daytime Phone #

Principal Place of Business

11720 NW 9TH ST. PLANTATION, FL 33325 US Mailing Address

11720 NW 9TH ST. PLANTATION, FL 33325 US



DO NOT WRITE IN THIS SPACE

01212008 No Chg-NP CR2E037 (4/06)

4. FEI Number Applied For 65-0400131 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

SCHWEIGER, LARRY 200 E. BROWARD BLVD FORT LAUDERDALE, FL 33021

DO NOT WRITE IN THIS SPACE

					en la
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					
	Filing Fee is \$61.25 Due by May 1, 2008	Election Campaign Financ Trust Fund Contribution,	ing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS		20 50		Service of the service of the service of
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT SCHWEIGER, SUZANNE 11720 NW 9TH ST. PLANTATION, FL 33325		• • • •		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GOLDING, FAYE M 11720 NW 9TH ST. PLANTATION, FL 33325				U00000793275 01/25/08-80002-014 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VALLE, BARBARA 11741 NW 9TH ST. PLANTATION, FL 33325			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. Thereby certify that the information supplied with this filling 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.					

ME OF SIGNING OFFICER OR DIRECTOR