

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000651

FILED
Mar 26, 2008
Secretary of State

Entity Name: SADDLEBROOK COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

2582 S. MAGUIRE RD.
#318
OCOOE, FL 34761

New Principal Place of Business:

2582 S. MAGUIRE RD.
SUITE 318
OCOOE, FL 34761

Current Mailing Address:

PO BOX 783367
WINTER GARDEN, FL 34778

New Mailing Address:

FEI Number: 59-3506018 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOLOMON, SPENCER R
14443 PRUNNING WOOD PLACE
WINTER GARDEN, FL 34787 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: PD () Delete
Name: SPACKMAN, JEFFREY
Address: 3545 FURLONG WAY
City-St-Zip: GOTH A, FL 34734

Title: VPD () Delete
Name: GAVULIC, STEVE
Address: 3718 WINNERS CUP CT
City-St-Zip: GOTH A, FL 34734

Title: SD () Delete
Name: OTTO, LISA
Address: 3607 POMPANO
City-St-Zip: GOTH A, FL 34734

Title: TD () Delete
Name: BUTTERBAUGH, PATRICIA
Address: 3313 ROYAL ASCOT WAY
City-St-Zip: GOTH A, FL 34734

Title: D () Delete
Name: SWISHER, LINDA
Address: 3362 FURLONG WAY
City-St-Zip: GOTH A, FL 34734

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: GAVULIC, EILEEN
Address: 3607 POMPANO CT
City-St-Zip: GOTH A, FL 34734

Title: SD (X) Change () Addition
Name: OTTO, LISA
Address: 3607 POMPANO CT
City-St-Zip: GOTH A, FL 34734

Title: D (X) Change () Addition
Name: BUTTERBAUGH, PATRICIA
Address: 3313 ROYAL ASCOT WAY
City-St-Zip: GOTH A, FL 34734

Title: VPD (X) Change () Addition
Name: SWISHER, LINDA
Address: 3362 FURLONG WAY
City-St-Zip: GOTH A, FL 34734

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: SPENCER SOLOMON

RA

03/26/2008

Electronic Signature of Signing Officer or Director

Date