

# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # N94000000651</b>			
<b>1. Entity Name</b> SADDLEBROOK COMMUNITY ASSOCIATION, INC.			
<b>Principal Place of Business</b> 2582 S. MAGUIRE RD. SUITE 318 OCOEE, FL 34761		<b>Mailing Address</b> PO BOX 783367. WINTER GARDEN, FL 34778	
<b>2. Principal Place of Business - No P.O. Box #</b> Suite, Apt. #, etc. City & State Zip		<b>3. Mailing Address</b> SEVERN TRENT SERVICES, INC. 475 W TOWN PLACE, #100 ST AUGUSTINE, FL 32092	
<b>4. FEI Number</b> 59-3506018		Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> SOLOMON, SPENCER R 14443 PRUNNING WOOD PLACE WINTER GARDEN, FL 34787		<b>7. Name and Address of Main Registered Agent</b> SEVERN TRENT SERVICES, INC. 475 W TOWN PLACE, #100 ST AUGUSTINE, FL 32092 FL Zip Code	
<b>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.</b>			
SIGNATURE <u>Sheli Moran as agent SHELI MORAN</u>		DATE <u>9/11/08</u>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
<b>Amended AR is \$61.25</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>	
<b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE PD NAME SPACKMAN, JEFFREY STREET ADDRESS 3545 FURLONG WAY CITY-ST-ZIP GOTHA, FL 34734	<input checked="" type="checkbox"/> Delete	TITLE PD NAME KEITH JOHNSON STREET ADDRESS 1823 THOROUGH BRED DR CITY-ST-ZIP GOTHA, FL 34734	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VPD NAME GAVULIC, EILEEN STREET ADDRESS 3607 POMPANO CT CITY-ST-ZIP GOTHA, FL 34734	<input type="checkbox"/> Delete	TITLE PD NAME 500136910485 STREET ADDRESS 10714/08--01050--004 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME OTTO, LISA STREET ADDRESS 3607 POMPANO CT CITY-ST-ZIP GOTHA, FL 34734	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME BUTTERBAUGH, PATRICIA STREET ADDRESS 3313 ROYAL ASCOT WAY CITY-ST-ZIP GOTHA, FL 34734	<input type="checkbox"/> Delete	TITLE TD NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPD NAME SWISHER, LINDA STREET ADDRESS 3362 FURLONG WAY CITY-ST-ZIP GOTHA, FL 34734	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>12. I hereby certify that the information supplied with this filing 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.</b>			
SIGNATURE: <u>Lisa A. Otto</u>		DATE <u>9/24/08</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # <u>(407) 298-3066</u>	

FILED

08 OCT 13 PM 3:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09112008 Chg-NP CR2E037 (12/06)

4. FEI Number  
59-3506018

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

SOLOMON, SPENCER R  
14443 PRUNNING WOOD PLACE  
WINTER GARDEN, FL 34787

Name

Street Address

City

SEVERN TRENT SERVICES, INC.  
475 W TOWN PLACE, #100  
ST AUGUSTINE, FL 32092

FL

Zip Code

SIGNATURE

Sheli Moran as agent SHELI MORAN

9/11/08

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Trust Fund Contribution. ☐

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Make check payable to  
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CITY-ST-ZIP GOTHA, FL 34734

☐ Change ☒ Addition

TITLE PD  
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STREET ADDRESS 10714/08--01050--004  
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE  
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SIGNATURE:

Lisa A. Otto Lisa A. Otto

9/24/08 (407) 298-3066

Date

Daytime Phone #

10/13/08