

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000651

FILED
Mar 25, 2009
Secretary of State

Entity Name: SADDLEBROOK COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

475 WEST TOWN PLACE
SUITE 100
ST AUGUSTINE, FL 32092

Current Mailing Address:

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

New Mailing Address:

475 WEST TOWN PLACE
SUITE 100
ST AUGUSTINE, FL 32092

FEI Number: 59-3506018

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

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:

03/25/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JOHNSON, KEITH
Address: 1823 THOROUGHbred DR
City-St-Zip: GOTH, FL 34734

Title: PD () Delete
Name: GAVULIC, EILEEN
Address: 3607 POMPANO CT
City-St-Zip: GOTH, FL 34734

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change () Addition
Name: GAVULIC, EILEEN
Address: 3718 WINNERS CUP COURT
City-St-Zip: GOTH, FL 34734

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

Title: TD (X) Change () Addition
Name: FISHER, BRADFORD
Address: 3255 FURLONG WAY
City-St-Zip: GOTH, FL 34734

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: DANA SCHEINER

RA

03/25/2009

Electronic Signature of Signing Officer or Director

Date