

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000002996 (5)**

1. Corporation Name

HOMEOWNERS' ASSOCIATION OF SADDLE HILL SUBDIVISION, INC.



Principal Place of Business

Mailing Address

**1391 SADDLE CT.
PALM HARBOR FL 34683**

**1391 SADDLE CT.
PALM HARBOR FL 34683**

3. Date Incorporated or Qualified

06/22/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1379 SADDLE CT
Suite, Apt. #, etc.

26 1379 SADDLE CT
Suite, Apt. #, etc.

4. FEI Number

☒ Applied For
☐ Not Applicable

22
City & State

27
City & State

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

23 PALM HARBOR FL

28 PALM HARBOR FL

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

24 34683 **25 PINELLAS**

29 34683 **30 PINELLAS**

8. This corporation has liability for intangible tax under s. 199.032
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**KAUFMANN, TERRY
1391 SADDLE CT.
PALM HARBOR FL 34683**

10. Name and Address of New Registered Agent

**81 Name
BENESHAN, WILLIAM
82 Street Address (P.O. Box Number is Not Acceptable)
1379 SADDLE CT
83
84 City
PALM HARBOR FL 85 Zip Code
34683**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *William Beneshan*
Signature, typed or printed name of registered agent and title if applicable

WILLIAM BENESHAN, BOARD MBR. 08/05/96
(NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME VALICOFF, RONALD J
STREET ADDRESS 1486 SADDLE CT.
CITY - ST - ZIP PALM HARBOR FL 34683

1.1 TITLE S/D ☐ Change ☐ Addition
1.2 NAME RAY NIZER
1.3 STREET ADDRESS 1343 SADDLE CT
1.4 CITY - ST - ZIP PALM HARBOR FL 34683

TITLE D ☒ DELETE
NAME JOHNSON, LAWRENCE E
STREET ADDRESS 1426 SADDLE CT.
CITY - ST - ZIP PALM HARBOR FL 34683

2.1 TITLE P/D ☒ Change ☐ Addition
2.2 NAME LAWRENCE E JOHANSEN
2.3 STREET ADDRESS 1426 SADDLE COURT
2.4 CITY - ST - ZIP PALM HARBOR FL 34683

TITLE D ☒ DELETE
NAME KAUFMANN, TERRY
STREET ADDRESS 1391 SADDLE CT.
CITY - ST - ZIP PALM HARBOR FL 34683

3.1 TITLE V/D ☐ Change ☐ Addition
3.2 NAME STEVEN PASQUALI
3.3 STREET ADDRESS 1367 SADDLE CT
3.4 CITY - ST - ZIP PALM HARBOR FL 34683

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE T/D ☐ Change ☐ Addition
4.2 NAME JOHN RAY
4.3 STREET ADDRESS 1414 SADDLE CT
4.4 CITY - ST - ZIP PALM HARBOR FL 34683

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE D ☐ Change ☐ Addition
5.2 NAME WILLIAM BENESHAN
5.3 STREET ADDRESS 1379 SADDLE COURT
5.4 CITY - ST - ZIP PALM HARBOR FL 34683

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *William Beneshan*
WILLIAM BENESHAN
DIRECTOR

08/05/96 (813) 785-4958

Date Daytime Phone #

CR2E037 (3/96)