## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 09 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N9500002996 (5)

HOMEOWNERS' ASSOCIATION OF SADDLE HILL SUBDIVISION, INC.

| Principal Place of Business Mailing Address  |   |   |                          |                                | <u> </u>                | #8     #8                                       |  |  |
|--|---|---|--------------------------|--------------------------------|-------------------------|---|--|--|
| Principal Place of Business Mailing Address  |   |   |                          |                                |                         |   |  |  |
| 1379 SADDLE COURT  |   | 1379 SADDLE COURT   |                          |                                |                         |   | `                                      |  |
| PALM HARBOR FL 34683   |   | PALM HARBOR FL 34683-6213                                     |                          |                                |                         |   |  |  |
| US   |   | US  |                          |                                |                         | 3. Date Incorporated or Qualified 06/22/1995    | 3a. Date of Last Report 08/12/1996     |  |
| 2. Principal P   | Place of Business   | 2a. Mailing Address   |                          |                                |                         |   |  |  |
| 21   | idd di Baaniaa  | 26  |                          |                                |                         | 4. FEI Number APPLIED FOR                       | 3394534 Applied For                    |  |
| Suite, Apt.  | #. etc.   | Suite, Apt. #, etc.   |                          |                                |                         | 7   | Not Applicable                         |  |
| 22   | ,   | 27  |                          |                                |                         | <ol><li>Certificate of Status Desired</li></ol> | \$8.75 Additional Fee Required         |  |
| City & State   |   | City & State  |                          |                                |                         | 6. Election Campaign Financing                  |  |  |
| 23   |   | 28  |                          |                                |                         | Trust Fund Contribution                         | \$5.00 May Be  Added to Fees           |  |
| Zip Country  |   | Zip Gountry   |                          |                                |                         | 8. This corporation has liability for in        | · ·· · · · · · · · · · · · · · · · · · |  |
| 24   | 25 29 30  |   | 30                       |                                | Florida Statutes Yes No |   |  |  |
|  | 9. Name and Address of Current  | Registered Agent  |                          | I .                            |                         | 10. Name and Address of New Re                  | gistered Agent                         |  |
|  |   |   |                          | 81                             | Name                    |   |  |  |
| BENESHAN, WILLIAM  |   |   |                          | 82                             | Stroot Add              | ress (P.O. Box Number is Not Acceptable)        |  |  |
|  | ADDLE COURT   | •   |                          | 02                             | Sireet Addi             | ress (F.O. Box Number is Not Acceptab           | .е)                                    |  |
| PALM HARBOR FL 34683   |   |   |                          | 83                             |                         |   |  |  |
|  |   |   |                          | 0.4                            | 0:4:                    |   |  |  |
|  |   |   |                          | 84                             | City                    |   | FL 85 Zip Code                         |  |
| 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutos, the above-named corporation submits this statement for the purpose of change was authorized by the corporation's board of directors. I hereby accept the appoint agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutos. |   |   |                          |                                |                         |   | urpose of changing its registered      |  |
| office of f  | registered agent, or both, in the State c<br>im familiar with, and accept the obligat | l Florida Such change was :<br>ions of, Section 617,0503, Fli | authorizeo<br>orida Stat | d by<br>utos                   | the corporat            | tion's board of directors. I hereby accep       | t the appointment as registered        |  |
| SIGNATURE  |   | ,   |                          |                                |                         |   |  |  |
| OIGHATORE.   | Signature, typed or printed name of registered agent                                  | and title if applicable. (NOT                                 | E Rogistered             | d Age                          | nt signature requir     | red when reinstating)                           | DATE                                   |  |
| 12.  | OFFICERS AND  |   | 13.                      |                                |                         | ADDITIONS/CHANGES TO OFFIC                      | ERS AND DIRECTORS IN 12                |  |
| TITLE  | SD  | ☐ DELETE 1,ETI  |                          | 1LE                            | ļ                       |   | Change Addition                        |  |
| NAME   |   |   | 1.2 NA                   | AME                            |                         |   |  |  |
| STREET ADDRESS   | 1343 SADDLE COURT   | 1.8 STR   |                          | REET                           | ADDRESS                 |   |  |  |
| CITY-ST-ZIP  | PALM HARBOR FL  |   |                          | 1.4 CITY-ST-ZIP                |                         |   |  |  |
| TITLE  | PD  |   |                          | ILE                            |                         |   | ☐ Change ☐ Addition                    |  |
| NAME   |   |   | 2.2 NA                   | 2.2 NAME<br>2.3 STREET ADDRESS |                         |   |  |  |
| STREET ADDRESS   | 1426 SADDLE COURT   |   |                          |                                |                         |   |  |  |
| CITY-ST-ZIP  | PALM HARBOR FL  |   | 2.4 CI                   |                                | T-ZiP                   |   |  |  |
| TITLE  |   |   | 3.1 1(1                  | TLE                            |                         | <del>- 11</del>                                 | Change Addition                        |  |
| NAME   | PASQUALI, STEVEN  |   | 3.2 NAM                  |                                |                         |   |  |  |
| STREET ADDRESS   | 1367 SADDLE COURT   | 3.3 \$1   |                          | REET A                         | ADDRESS                 |   |  |  |
| CITY-ST-ZIP  |   |   | 3.4. CI                  |                                | I - ZIP                 |   |  |  |
| TITLE  |   |   | 4.1 717                  | TLE                            |                         |   | Change Addition                        |  |
| NAME   | RAY, JOHN   |   | 4. 2 NAM                 |                                |                         |   |  |  |
| STREET ADDRESS   | 1414 SADDLE COURT   |   | 4.3 STF                  |                                | ADDRESS                 |   |  |  |
| CITY-ST-ZIP  |   |   | 4.4 CI                   |                                | - ZIP                   |   |  |  |
| TITLE  |   |   | 5.1 TIT                  | ILE.                           |                         |   | ☐ Change ☐ Addition                    |  |
| NAME   |   |   | 5.2 NA                   | ME                             |                         |   |  |  |
| STREET ADDRESS   |   |   | 5.3 ST                   | 5.3 STREET ADDRESS             |                         |   |  |  |
| CITY-ST-ZIP  |   |   | 5 4 CITY-ST-ZIP          |                                | - ZIP                   |   |  |  |
| TITLE  |   | DELETE  | 61111                    | LE                             | ĺ                       |   | ☐ Change ☐ Addition                    |  |
| NAME   |   |   | 6.2 NA                   | ME                             |                         |   |  |  |
| STREET ADDRESS   |   |   | 6.3 ST                   | REET A                         | ADDRESS                 |   |  |  |

14. I do hereby certify that the Information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 eath; 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, Fiorida Statutes; and that my name appears in Block 12 or Block 13 if changed for or an attachment with an address.

0 to 1 / Cl. Com William A. Bonochan 4/27