


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90026 039 ****61.25

DOCUMENT # N96000004004 1. Entity Name SADDLERS RUN SUBDIVISION HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 10 SADDLERS RUN ORMOND BEACH, FL 32174		Mailing Address 10 SADDLERS RUN - 95 Saunders Trail Circle ORMOND BEACH, FL 32174			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3438035	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SINGLETERY, C W JR 10 SADDLERS RUN ORMOND BEACH, FL 32174			7. Name and Address of New Registered Agent Name SADDLERS RUN SUBDIVISION HOMEOWNERS ASSOCIATION, INC Street Address (P.O. Box Number is Not Acceptable) 912 DONALD BONINI, PRESIDENT 95 SAUNDERS TRAIL CIRCLE City ORMOND BEACH FL 32174		
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.					
SIGNATURE <i>Donald Bonini</i> (NOTE: Registered Agent signature required when reinstating) DATE 3-10-05					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SINGLETERY, C W JR 9 CIRCLE OAKS TRAIL ORMOND BEACH, FL 32174	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARD MOWBRAY 9 CIRCLE OAKS TRAIL ORMOND BEACH FL 32174
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SINGLETERY, MICHAEL D 9 CIRCLE OAKS TRAIL ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERRELL, ROBERT A 9 CIRCLE OAKS TRAIL ORMOND BEACH, FL 32174	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHARLENE D'AGRESTA 9 CIRCLE OAKS TRAIL ORMOND BEACH FL 32174
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DONALD BONINI 9 CIRCLE OAKS TRAIL ORMOND BEACH FL 32174
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CAROL J BROCKWAY 9 CIRCLE OAKS TRAIL ORMOND BEACH FL 32174
				<input type="checkbox"/> Change <input checked="" 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	
12. I 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 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.					
SIGNATURE: <i>Donald Bonini</i> Date 2-28-05 Daytime Phone # 386-672-1719					