

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90297 017 \*\*\*\*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  
95 SOUNDERS TRAIL CIRCLE  
ORMOND BEACH, FL 32174

60026110



2. Principal Place of Business

88 Saunders Trail Circle

3. Mailing Address

88 Saunders Trail Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03292006

Chg-NP

CR2E037 (11/05)

City & State

Ormond Beach FL

City & State

Ormond Beach FL

4. FEI Number

59-3438035

Applied For

Not Applicable

Zip

32174

Country

Zip

32174

Country

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BONINI, DONALD  
95 SOUNDERS TRAIL CIRCLE  
ORMOND BEACH, FL 32174

7. Name and Address of New Registered Agent

Name Pfluger, Richard H.

Street Address (P.O. Box Number is Not Acceptable)

88 Saunders Trail Circle

City Ormond Beach

FL

Zip Code

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

Richard Pfluger, President

4/5/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25

Due by May 1, 2006

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D  
NAME MOWBRAY, RICHARD  
STREET ADDRESS 9 CIRCLE OAKS TRAIL  
CITY-ST-ZIP ORMOND BEACH, FL 32174 ☐ Delete

TITLE SD  
NAME SINGLETARY, MICHAEL D  
STREET ADDRESS 9 CIRCLE OAKS TRAIL  
CITY-ST-ZIP ORMOND BEACH, FL 32174 ☒ Delete

TITLE TD  
NAME D'AGRESTA, CHARLENE  
STREET ADDRESS 9 CIRCLE OAKS TRAIL  
CITY-ST-ZIP ORMOND BEACH, FL 32174 ☐ Delete

TITLE PD  
NAME BONINI, DONALD  
STREET ADDRESS 9 CIRCLE OAKS TRAIL  
CITY-ST-ZIP ORMOND BEACH, FL 32174 ☒ Delete

TITLE SD  
NAME BROCKWAY, CAROL J  
STREET ADDRESS 9 CIRCLE OAKS TRAIL  
CITY-ST-ZIP ORMOND BEACH, FL 32174 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P  
NAME Pfluger, Richard H.  
STREET ADDRESS 88 Saunders Trail Circle  
CITY-ST-ZIP Ormond Beach, FL 32174 ☐ Change ☒ Addition

TITLE S  
NAME Ferguson, Muriel  
STREET ADDRESS 59 Saunders Trail Circle  
CITY-ST-ZIP Ormond Beach, FL 32174 ☐ Change ☒ Addition

TITLE D  
NAME Demchak, Michael  
STREET ADDRESS 71 Saunders Trail Circle  
CITY-ST-ZIP Ormond Beach, FL 32174 ☐ Change ☒ Addition

TITLE D  
NAME Melnick, April  
STREET ADDRESS 67 Saunders Trail Circle  
CITY-ST-ZIP Ormond Beach, FL 32174 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE:

Richard Pfluger, Richard Pfluger

4/5/06

386-677-5256

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #