

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-10-2006 90297 017 ****61.25

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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
 Suite, Apt. #, etc.

3. Mailing Address
88 Saunders Trail Circle
 Suite, Apt. #, etc.

03292006 Chg-NP CR2E037 (11/05)

City & State
Ormond Beach FL
 Zip Country
32174

City & State
Ormond Beach FL
 Zip Country
32174

4. FEI Number
59-3438035
 Applied For
 Not Applicable

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** DATE **4/5/06**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	D MOWBRAY, RICHARD 9 CIRCLE OAKS TRL 79 Saunders Trail Circle ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SINGLETARY, MICHAEL D 9 CIRCLE OAKS TRAIL ORMOND BEACH, FL 32174 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD D'AGRESTA, CHARLENE 9 CIRCLE OAKS TRAIL 87 Saunders Trail Circle ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BONINI, DONALD 9 CIRCLE OAKS TRL ORMOND BEACH, FL 32174 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROCKWAY, CAROL J 9 CIRCLE OAKS TRL ORMOND BEACH, FL 32174 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Pfluger, Richard H. 88 Saunders Trail Circle Ormond Beach, FL 32174 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Ferguson, Muriel 59 Saunders Trail Circle Ormond Beach, FL 32174 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Demchak, Michael 71 Saunders Trail Circle Ormond Beach, FL 32174 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Melnick, April 67 Saunders Trail Circle Ormond Beach, FL 32174 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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** DATE **4/5/06** DAYTIME PHONE # **386-677-5256**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR