

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004004

FILED
Jan 30, 2008
Secretary of State

Entity Name: SADDLERS RUN SUBDIVISION HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

88 SOUNDERS TRAIL CIRCLE
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

88 SOUNDERS TRAIL CIRCLE
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 59-3438035

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PFUGLER, RICHARD H
88 SOUNDERS TRAIL CIRCLE
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MOWBRAY, RICHARD
Address: 9 CIRCLE OAKS TRL
City-St-Zip: ORMOND BEACH, FL 32174

Title: S () Delete
Name: FERGUSON, MURIEL
Address: 59 SOUNDERS TRAIL CIRCLE
City-St-Zip: ORMOND BEACH, FL 32174

Title: TD () Delete
Name: D'AGRESTA, CHARLENE
Address: 9 CIRCLE OAKS TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: D () Delete
Name: MELNICK, APRIL
Address: 67 SOUNDERS TRAIL CIRCLE
City-St-Zip: ORMOND BEACH, FL 32174

Title: P () Delete
Name: PFLUGER, RICHARD H
Address: 88 SOUNDERS TRAIL CIRCLE
City-St-Zip: ORMOND BEACH, FL 32174

Title: D () Delete
Name: DEMCHAK, MICHAEL
Address: 71 SOUNDERS TRAIL CIRCLE
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MOWBRAY, RICHARD
Address: 79 SOUNDERS TRAIL CIRCLE
City-St-Zip: ORMOND BEACH, FL 32174

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: D'AGRESTA, CHARLENE
Address: 87 SOUNDERS TRAIL CIRCLE
City-St-Zip: ORMOND BEACH, FL 32174

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD H PFLUGER

PRES

01/30/2008

Electronic Signature of Signing Officer or Director

Date