

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90028 018 ****61.25

DOCUMENT # N97000001015 1. Entity Name SADDLERIDGE ESTATES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business PO BOX 7793 ZEPHYRHILLS, FL 33544			Mailing Address PO BOX 7793 ZEPHYRHILLS, FL 33544		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-3427431				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAMILTON, DEBRA PD 6130 BRIDLEFORD DRIVE WESLEY CHAPEL, FL 33544			7. Name and Address of New Registered Agent Name Teresa Bales Street Address (P.O. Box Number is Not Acceptable) 29624 Weybridge Way City Wesley Chapel FL 33545		
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 <u>Teresa Bales, President</u> <u>Teresa Bales</u> <u>2/12/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	SD JONES, COLEEN D <input type="checkbox"/> Delete 6404 BRIDLEFORD DRIVE ZEPHYRHILLS, FL 33544		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Wesley Chapel, FL 33545	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SMITH, RON <input checked="" type="checkbox"/> Delete 6442 BRIDLEFORD DR ZEPHYRHILLS, FL 33544		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VPD pixie Lee Ribickas 6033 Bridleford Drive Wesley Chapel, FL 33545	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BALES, TERESA A <input type="checkbox"/> Delete 29624 WEYBRIDGE WAY WESLEY CHAPEL, FL 33544		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 33545	
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	
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	
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 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: <u>Teresa A Bales</u> <u>Teresa A. Bales</u> <u>2/12/08</u> <u>(813) 929-6278</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					