

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 8:00 am
Secretary of State

0013781

DOCUMENT # N98000003405

1. Entity Name

SADDLEWOOD OWNERS ASSOCIATION, INC.

04-09-2001 90008 013 ****61.25

Principal Place of Business

920 THIRD STREET
 STE B
 NEPTUNE BEACH FL 32266

Mailing Address

920 THIRD STREET
 STE B
 NEPTUNE BEACH FL 32266

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3547515

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WALLACE, L. DENISE
920 THIRD STREET
STE B
NEPTUNE BEACH FL 32266

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE: Delete
 NAME: **DP DOSTIE, RICHARD R**
 STREET ADDRESS: **6810 ST. AUGUSTINE RD.**
 CITY-ST-ZIP: **JACKSONVILLE FL 32217**

TITLE: Delete
 NAME: **DVP DOSTIE, RENE JR.**
 STREET ADDRESS: **6810 ST. AUGUSTINE RD.**
 CITY-ST-ZIP: **JACKSONVILLE FL 32217**

TITLE: Delete
 NAME: **DS DOSTIE, DAVID O**
 STREET ADDRESS: **6810 ST. AUGUSTINE RD.**
 CITY-ST-ZIP: **JACKSONVILLE FL 32217**

TITLE: Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: **9301 OLD KINGS RD**
 CITY-ST-ZIP: **JAX FLA 32257**

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: **10874 Hamilton Downs Court**
 CITY-ST-ZIP: **Jacksonville, FL 32257**

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

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 persons empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/01 904-737-1919

Date

Daytime Phone #

CR2E037 (10/00)