


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90188 033 ****61.25

DOCUMENT # N98000003405		
1. Entity Name SADDLEWOOD OWNERS ASSOCIATION, INC.		
Principal Place of Business 920 THIRD STREET STE B NEPTUNE BEACH, FL 32266		Mailing Address 920 THIRD STREET STE B NEPTUNE BEACH, FL 32266

40082442



2. Principal Place of Business - No P.O. Box # 1085 Seattle Slew Ln.	3. Mailing Address 1085 Seattle Slew Ln.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04162007 Chg-NP CR2E037 (12/06)

City & State Jacksonville, FL	City & State Jacksonville, FL
Zip 32218	Zip 32218
Country U.S.A.	Country U.S.A.

4. FEI Number 59-3547515	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WALLACE, L. DENISE 920 THIRD STREET STE B NEPTUNE BEACH, FL 32266	
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7. Name and Address of New Registered Agent	
Name Dallas Cook	
Street Address (P.O. Box Number is Not Acceptable) 1085 Seattle Slew Lane	
City Jacksonville	FL Zip Code 32218

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 **Dallas Cook** **Dallas Cook** **4/19/07**
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, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAURO, TANYA L. 1103 GALLANT FOX CIRCLE JACKSONVILLE, FL 32218 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Cook, Dallas 1085 Seattle Slew Lane Jacksonville, FL 32218 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VD KISH, RICHARD J. 1119 GALLANT FOX CIRCLE JACKSONVILLE, FL 32218 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Kienker, Linda 1048 Whirlaway Circle South Jacksonville, FL 32218 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VD ROSE-HELGESON, LORI ANN 1043 GALLAN FOX CIR S JACKSONVILLE, FL 32218 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Coursen, Gena 1050 Gallant Fox Circle South Jacksonville, FL 32218 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KEREKES, DOROTHY 1047 GALLAN FOX CIR N JACKSONVILLE, FL 32218 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Simpo, Charlene 1067 Gallant Fox Circle South Jacksonville, FL 32218 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EMERY, MARK 13519 WAR ADMIRAL COURT JACKSONVILLE, FL 32218 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VD Gayle, Linda 1083 Gallant Fox Circle South Jacksonville, FL 32218 <input type="checkbox"/> Change <input checked="" 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: **Dallas Cook** **Dallas Cook** **4/19/07** **904-757-7927**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #