

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003405

FILED  
Apr 29, 2008  
Secretary of State

**Entity Name:** SADDLEWOOD OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1085 SEATTLE SLEW LN  
JACKSONVILLE, FL 32218

**New Principal Place of Business:**

**Current Mailing Address:**

6015 MORROW ST E  
STE 107  
JACKSONVILLE, FL 32217 US

**New Mailing Address:**

**FEI Number:** 59-3547515      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BANNING MANAGEMENT INC  
6015 MORROW ST E  
STE 107  
JACKSONVILLE, FL 32217 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: PD ( ) Delete  
Name: COOK, DALLAS  
Address: 1085 SEATTLE SLEW LANE  
City-St-Zip: JACKSONVILLE, FL 32218

Title: VD ( ) Delete  
Name: KIENKER, LINDA  
Address: 1048 WHIRLAWAY CIRCLE SOUTH  
City-St-Zip: JACKSONVILLE, FL 32218

Title: TSD ( ) Delete  
Name: SIMPO, CHARLENE  
Address: 1067 GALLANT FOX CIRCLE SOUTH  
City-St-Zip: JACKSONVILLE, FL 32218

Title: 2VD (X) Delete  
Name: KAREKES, DAHTE  
Address: 1047 GALLANT FOX CIRCLE NORTH  
City-St-Zip: JACKSONVILLE, FL 32218

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: ST (X) Change ( ) Addition  
Name: COURSEN, GENA  
Address: 1050 GALLANT FOX CIRCLE SOUTH  
City-St-Zip: JACKSONVILLE, FL 32218

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: DALLAS COOK

PD

04/29/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date