
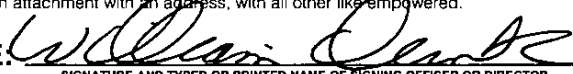


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2008 8:00 am
Secretary of State

06-12-2008 90002 014 ****61.25

DOCUMENT # N99000000717					
1. Entity Name SADDLEBROOK FARMS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 4400 NW 36 AVENUE GAINESVILLE, FL 32606			Mailing Address 4400 NW 36 AVENUE GAINESVILLE, FL 32606		
2. Principal Place of Business - No P.O. Box # 500 NW 43rd Street		3. Mailing Address 500 NW 43rd Street			
Suite, Apt. #, etc. Suite 3		Suite, Apt. #, etc. Suite 3			
City & State Gainesville FL		City & State Gainesville FL			
Zip 32607		Country USA		Zip 32607	
Country USA		Country USA			
6. Name and Address of Current Registered Agent TRIPPE, PAT 4400 NW 36 AVENUE GAINESVILLE, FL 32606			7. Name and Address of New Registered Agent Name: Cornerstone Property Solutions of N. Central FL Street Address (If P.O. Box Number is Not Acceptable): 500 NW 43rd Street Suite 3 City: Gainesville FL Zip Code: 32607		
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 VP	NAME WILLIAMS, LARRY		TITLE S	NAME Kirsten Mckaig	
STREET ADDRESS 13918 NW 15TH LANE	STREET ADDRESS 13918 NW 15TH LANE		STREET ADDRESS 14133 NW 15th Lane	STREET ADDRESS 14133 NW 15th Lane	
CITY-ST-ZIP GAINESVILLE, FL 32606	CITY-ST-ZIP GAINESVILLE, FL 32606		CITY-ST-ZIP Gainesville FL 32606	CITY-ST-ZIP Gainesville FL 32606	
TITLE S	NAME MOTT, HOWARD		TITLE 	NAME 	
STREET ADDRESS 13915 NW 15 LANE	STREET ADDRESS 13915 NW 15 LANE		STREET ADDRESS 	STREET ADDRESS 	
CITY-ST-ZIP GAINESVILLE, FL 32606	CITY-ST-ZIP GAINESVILLE, FL 32606		CITY-ST-ZIP 	CITY-ST-ZIP 	
TITLE P	NAME REYNOLDS, BRAD		TITLE 	NAME 	
STREET ADDRESS 14104 NW 15TH PL	STREET ADDRESS 14104 NW 15TH PL		STREET ADDRESS 	STREET ADDRESS 	
CITY-ST-ZIP GAINESVILLE, FL 32606	CITY-ST-ZIP GAINESVILLE, FL 32606		CITY-ST-ZIP 	CITY-ST-ZIP 	
TITLE T	NAME DUNK, BILL		TITLE 	NAME 	
STREET ADDRESS 14125 NW 15TH LN	STREET ADDRESS 14125 NW 15TH LN		STREET ADDRESS 	STREET ADDRESS 	
CITY-ST-ZIP GAINESVILLE, FL 32606	CITY-ST-ZIP GAINESVILLE, FL 32606		CITY-ST-ZIP 	CITY-ST-ZIP 	
TITLE D	NAME RACHT, STEVE		TITLE 	NAME 	
STREET ADDRESS 14206 NW 15TH LN	STREET ADDRESS 14206 NW 15TH LN		STREET ADDRESS 	STREET ADDRESS 	
CITY-ST-ZIP GAINESVILLE, FL 32606	CITY-ST-ZIP GAINESVILLE, FL 32606		CITY-ST-ZIP 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	STREET ADDRESS 		STREET ADDRESS 	STREET ADDRESS 	
CITY-ST-ZIP 	CITY-ST-ZIP 		CITY-ST-ZIP 	CITY-ST-ZIP 	
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: 			5/23/2008 352-331-4557		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		