

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000717

FILED  
Apr 07, 2009  
Secretary of State

**Entity Name:** SADDLEBROOK FARMS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

500 NW 43RD STREET  
STE 3  
GAINESVILLE, FL 32607

**New Principal Place of Business:**

**Current Mailing Address:**

500 NW 43RD STREET  
STE 3  
GAINESVILLE, FL 32607

**New Mailing Address:**

**FEI Number:** 59-3600348

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORNERSTONE PROPERTY SOLUTIONS  
500 NW 43RD STREET  
STE 3  
GAINESVILLE, FL 32607 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: VP ( ) Delete  
Name: WILLIAMS, LARRY  
Address: 13918 NW 15TH LANE  
City-St-Zip: GAINESVILLE, FL 32606

Title: S ( ) Delete  
Name: MOTT, HOWARD  
Address: 13915 NW 15 LANE  
City-St-Zip: GAINESVILLE, FL 32606

Title: P ( ) Delete  
Name: REYNOLDS, BRAD  
Address: 14104 NW 15TH PL  
City-St-Zip: GAINESVILLE, FL 32606

Title: T ( ) Delete  
Name: DUNK, BILL  
Address: 14125 NW 15TH LN  
City-St-Zip: GAINESVILLE, FL 32606

Title: S ( ) Delete  
Name: MCKAIG, KIRSTEN  
Address: 14133 NW 15TH LANE  
City-St-Zip: GAINESVILLE, FL 32606

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

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

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

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

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

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: BRAD REYNOLDS

P

04/07/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date