

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751290

Entity Name: SADDLEBROOK RESORT CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**5700 SADDLEBROOK WAY
WESLEY CHAPEL, FL 33543**Current Mailing Address:**5700 SADDLEBROOK WAY
WESLEY CHAPEL, FL 33543**FEI Number:** 59-2182217**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ALLEN, DONALD
5700 SADDLEBROOK WAY
WESLEY CHAPEL, FL 33543 US*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**Officer/Director Detail :**Title VPD
Name REAGAN, WILLIAM J
Address 583 HICKORY RD
City-State-Zip: TAMPA FL 33672-0119Title ST
Name ALLEN, DONALD L.
Address 1314 FOXWOOD DR.
City-State-Zip: LUTZ FLTitle D
Name DEMPSEY, MAUREEN
Address 5700 SADDLEBROOK WAY
City-State-Zip: WESLEY CHAPEL FL 33543Title D
Name DEMPSEY, THOMAS L
Address 5700 SADDLEBROOK WAY
City-State-Zip: WESLEY CHAPEL FL 33543Title D
Name ACKERMAN, STANLEY
Address 3115 ISLAWILD WAY
City-State-Zip: THE VILLAGES FL 32163-2314Title PD
Name CHALFIN, ROBERT J
Address 45 BRIDGE STREET
City-State-Zip: METUCHEN NJ 08840

I hereby 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 all other like empowered.

SIGNATURE: DON ALLEN**AGENT****03/02/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date