

**2016 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# 751290

**Entity Name:** SADDLEBROOK RESORT CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Dec 08, 2016**  
**Secretary of State**  
**CR6298225457**

**Current Principal Place of Business:**

5700 SADDLEBROOK WAY  
WESLEY CHAPEL, FL 33543

**Current Mailing Address:**

5700 SADDLEBROOK WAY  
WESLEY CHAPEL, FL 33543 US

**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:** DONALD ALLEN

12/08/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VPD  
Name REAGAN, WILLIAM J  
Address 583 HICKORY RD  
City-State-Zip: TAMPA FL 33672-0119

Title D  
Name DEMPSEY, THOMAS L  
Address 5700 SADDLEBROOK WAY  
City-State-Zip: WESLEY CHAPEL FL 33543

Title ST  
Name ALLEN, DONALD L.  
Address 1314 FOXWOOD DR.  
City-State-Zip: LUTZ FL

Title D  
Name ACKERMAN, STANLEY  
Address 3115 ISLAWILD WAY  
City-State-Zip: THE VILLAGES FL 32163-2314

Title D  
Name DEMPSEY, MAUREEN  
Address 5700 SADDLEBROOK WAY  
City-State-Zip: WESLEY CHAPEL FL 33543

Title 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

ST

12/08/2016

Electronic Signature of Signing Officer/Director Detail

Date