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**FILED**  
**Jan 20, 1999 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

01-20-1999 90028 025 \*\*\*\*\*61.25

DOCUMENT # N97000002741

1. Corporation Name

SADDLEBAG CREEK RANCHES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3853 CHATSWORTH GREEN CT  
 SARASOTA FL 34235

3853 CHATSWORTH GREEN CT  
 SARASOTA FL 34235



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

05/22/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

NOT APPLICABLE

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23

28

Zip Country

Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAMS, JARVIS  
 3853 CHATSWORTH GREEN CT  
 SARASOTA FL 34235

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  DELETE  
 NAME WILLIAMS, JARVIS  
 STREET ADDRESS 4800 STONELEIGH RD  
 CITY-ST-ZIP BLOOMFIELD HILLS MI 48302

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE SD  DELETE  
 NAME WILLIAMS, ELENOR  
 STREET ADDRESS 4800 STONELEIGH RD  
 CITY-ST-ZIP BLOOMFIELD HILLS MI 48302

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE TD  DELETE  
 NAME WILLIAMS, GERALD  
 STREET ADDRESS 4800 STONELEIGH RD  
 CITY-ST-ZIP BLOOMFIELD HILLS MI 48302

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Signature of Jarvis Williams*  
 JARVIS WILLIAMS 1/4/99 941-371-4523

CR2E037 (11/98)