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Apr 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
**1998**

FLORIDA DEPARTMENT OF STATE
**Sandra B. Mortham**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 762702 (9)

1. Corporation Name
SADDLE UP TOWNHOMES ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 5000 S UNIVERSITY DR<br>DAVIE FL 33328<br>US | C/O PRESTIGE PROPERTY MGMT<br>3300 SW 46 AVE<br>DAVIE FL 33314<br>US |

| | |
|---|---|
| 2. Principal Place of Business | 26. Mailing Address: ALLIANCE PROPERTY SYSTEMS |
| 21 | |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc.: PO BOX 26478 |
| 23 City & State | 28 City & State: FT LAUDERDALE FL |
| 24 Zip / 25 Country | 29 Zip: 33320-6478 / 30 Country: BROWARD |

3. Date Incorporated or Qualified: 04/01/1982
4. FEI Number: 59-2574748 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

**9. Name and Address of Current Registered Agent**

ALLIANCE PROPERTY SYSTEMS
7101 W COMMERCIAL BLVD
4A
FT LAUDERDALE FL 33319

**10. Name and Address of New Registered Agent**

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>CRAIN, DAVID<br>5036 S UNIVERSITY DR<br>DAVIE FL | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | D | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DBM<br>HORNE, ANDY<br>5116 S. UNIVERSITY DRIVE<br>DAVIE FL | ☒ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | D<br>TODD DORSEY<br>5148 S UNIVERSITY DR<br>DAVIE FL 33328 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>FINKELSTEIN, MARGARET<br>4950 S UNIVERSITY DR<br>DAVIE FL | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | D<br>ADAM HILTON<br>5152 S UNIVERSITY DR<br>DAVIE FL 33328 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ALTMAN, STEVE<br>5038 S UNIVERSITY DR<br>DAVIE FL | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | DP | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>YOUNG, MARY<br>S UNIVERSITY DR<br>DAVIE FL | ☒ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | DT<br>SUE ELLEN MCGOEY<br>540 SE 6 ST<br>FT LAUDERDALE FL 33301 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MARQUES, RICH<br>5074 S UNIVERSITY DR<br>DAVIE FL | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | DVP<br>SCOTT MCLAUGHLIN<br>5016 S UNIVERSITY DR<br>DAVIE FL 33328 | ☐ Change ☒ Addition |

CR2E037 (10/97)

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.

**SIGNATURE:** [signature] 4/6/98 (954) 252-0604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #