2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2000 8:00 am
Secretary of State
02-26-2000 90054 022 ****61.25

DOCUMENT # 762702

1. Entity Name

SADDLE UP TOWNHOMES ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~5000 S UNIVERSITY DR~~ ~~DAVIE FL 33328~~ US	~~ALLIANCE PROPERTY SYSTEMS~~ ~~P O BOX 26478~~ ~~FT LAUDERDALE FL 33320 6478~~ US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
c/o Castle Mgmt Inc.	c/o Castle Mgmt Inc.
Suite, Apt. #, etc.: P.O. Box 189013	Suite, Apt. #, etc.: P.O. Box 189013
City & State: Plantation, FL	City & State: Plantation FL
Zip: 33318 Country:	Zip: 33318 Country:

4. FEI Number: 59-2574748 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALLIANCE PROPERTY SYSTEMS 7101 W COMMERCIAL BLVD 4A FT LAUDERDALE FL 33319	Name: Castle Management Inc. Street Address (P.O. Box Number is Not Acceptable): 4450 W. Sunrise Blvd. Suite C-100 City: Plantation FL Zip Code: 33313

8. 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: Gail Sanguett Gail Sanguett Vice President - Administration 2/3/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CRAIN, DAVID 5036 S UNIVERSITY DR DAVIE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP KELLNER, ROBERT E 5158 S. UNIVERSITY DRIVE DAVIE FL 33326	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP HILTON, ADAM 5152 S UNIVERSITY DR DAVIE FL 33328	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LATIMER, DAVID F 5048 S UNIVERSITY DR DAVIE FL 33326	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HIGGINS, CHRISTINE 5176 S. UNIVERSITY DR. DAVIE, FL 33328	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS LOPEZ, KATHY M 5126 S UNIVERSITY DR DAVIE FL 33326	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT LOWELL, GEORGE E 5118 S UNIVERSITY DR DAVIE FL 33326	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert E. Kellner REQUIRED Robert E. Kellner, President 2/4/00 (954) 792-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #