

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90041 034 ****61.25

DOCUMENT # 762702

1. Entity Name

SADDLE UP TOWNHOMES ASSOCIATION, INC.

Principal Place of Business

C/O CASTLE MGMT. INC.
P.O. BOX 189013
PLANTATION FL 33318
US

Mailing Address

C/O CASTLE MGMT. INC.
P O BOX 189013
PLANTATION FL 33318
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

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

CASTLE MANAGEMENT INC.
4450 W. SUNRISE BLVD.
SUITE C-100
PLANTATION FL 33313

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

TITLE **VD** ☐ Delete
NAME **CRAIN, DAVID**
STREET ADDRESS **5036 S UNIVERSITY DR**
CITY-ST-ZIP **DAVIE FL**

TITLE **PD** ☐ Delete
NAME **KELLNER, ROBERT E**
STREET ADDRESS **5158 S. UNIVERSITY DRIVE**
CITY-ST-ZIP **DAVIE FL 33326**

TITLE **D** ☐ Delete
NAME **CARTLEDGE, SARA E**
STREET ADDRESS **5026 S UNIVERSITY DRIVE**
CITY-ST-ZIP **DAVIE FL 33328**

TITLE **SD** ☐ Delete
NAME **LOPEZ, KATHY M**
STREET ADDRESS **5126 S UNIVERSITY DR**
CITY-ST-ZIP **DAVIE FL 33326**

TITLE **TD** ☒ Delete
NAME **LOWELL, GEORGE E**
STREET ADDRESS **5118 S UNIVERSITY DR**
CITY-ST-ZIP **DAVIE FL 33326**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Change ☒ Addition
NAME **AREBALO, ALBERTO**
STREET ADDRESS **5038 S. UNIVERSITY DR.**
CITY-ST-ZIP **DAVIE, FL**

TITLE **VD** ☐ Change ☒ Addition
NAME **ALTMAN, STEVE**
STREET ADDRESS **5038 S. UNIVERSITY DR.**
CITY-ST-ZIP **DAVIE, FL**

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:

SIGNATURE **Alberto Arebalo, President**

2/14/02

3052132750

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)