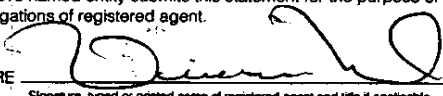
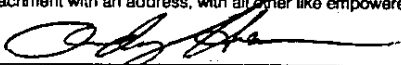


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90034 040 ****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		
03112005 Chg-NP CR2E037 (10/03)					
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		
MARTIN, ROBERT C ESQ. MARTIN & BENNIS, P.A. 319 S.E. 14TH ST. FORT LAUDERDALE, FL 33316			Name MICHE BROTHERS MGMT INC Street Address (P.O. Box Number is Not Acceptable) 2055 S W FLAMINGO RD. City DAVIE FL Zip Code 33325		
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. 4/5/05 DATE (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SORRENTINO, DENISE 5082 S. UNIV. DR. DAVIE, FL 33326 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S.D. Capdeville, Susan 2055 SW FLAMINGO RD. DAVIE, FL 33325 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HORNE, ANDY 5118 S. UNIVERSITY DR. DAVIE, FL 33328 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D. MaLaughlin Scott 2421 SW 127th Ave DAVIE, FL 33325 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STONE, KATHRYN 5004 S. UNIV. DR. DAVIE, FL 33326 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D. BELL, Stephanie 2421 SW 127th Ave DAVIE, FL 33325 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD LERIGER, JOAN 5110 S. UNIV. DR. DAVIE, FL 33326 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D. DOWNEY, Todd 2421 SW 127th Ave DAVIE, FL 33325 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CRAIN, DAVID 5036 S. UNIVERSITY DR DAVIE, FL 33328 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3/14/05 Date		934-473-6285 Daytime Phone #	