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

03112005 Chg-NP CR2E037 (10/03)

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	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 40 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 _____ 4/5/05.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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. Capdevila, Susan 2055 SW Flamingo Rd. Davie, Fla 33325	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HORNE, ANDY 5116 S. UNIVERSITY DR. DAVIE, FL 33328	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D. Maloughlin Scott 2421 SW 127th Ave Davie, Fla 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, Fla 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 Dorsey, 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: _____ 3/14/05 954-473-6285
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #