2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 17, 2008 8:00 am Secretary of State

04-17-2008 90032 012 ****61.25

1. Entity Name SADDLE UP TOWNHOMES ASSOCIATION, INC.



Principal Place of Business C/O MIELE BROS. MGMT, INC. 2045 SW 127TH AVE DAVIE, FL 33325 US

Mailing Address C/O MIELE BROS. MGMT, INC. 2045 SW 127TH AVE DAVIE, FL 33325 US

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| Principal Place of Business - No P.O. Box # 3. Mailing Address | | | | | | | | | 3110 | ! !!!!! | | |
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| Suite, Apt. #, etc. Sul | | | luite, Apt. #, etc. | | | | 01102008 | Chg-NP | CR2 | E037 (12/06) | | |
| City & State City | | | y & State | | | | 4. FEI Numbe | | | Ар | plied For | |
| 5, 5.5 | | | | | , | | | 59-2574 | 4748 | | No | Applicable |
| Zip Country Zip | | | Country | | | | 5. Certificate of Status Desired \$8.75 Additional Fee Required | | | | | |
| | 6. Name | and Address of Cui | rrent Registere | d Agent | | | · - | 7. Name and | Address of I | New Register | red Agent | |
| 141CL C 00 | | ACMT INC | | | | Name | | | | | | |
| MIELE BROTHERS MGMT INC 2045 SW 127TH AVE | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | |
| DAVIE, FL | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | • | | | | City FL Zip Code | | | | | | |
| 8. The above | named entity | submits this statem | ent for the purp | ose of changing its | registere | ed office o | r register | ed agent, or bot | h, in the State | of Florida. I | am familiar with, | and accept |
| | ians of registe | | | • - | - | | | | | | | |
| | | | | | | | | | | | | |
| SIGNATURE. | Standard hand | or printed name of registered | Construent title if you | Scable (NOTE | - Backterer | d Apent vions | hire renuined | when reinstating) | | | ATE | |
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| | Filing Fed | e is \$61.25 | - | 9. Election Can | npaign F | inancing | _ | \$5.00 May B | e | Make ch | neck payable to | |
| | Due by M | lay 1, 2008 | | Trust Fund C | Contributi | on. | | Added to Fees | | Florida De | partment of St | ate |
| 10. | | OFFICERS AN | ID DIRECTORS | ················ | 11. | | | DDITIONS/CH | ANGES TO O | FFICERS AND | DIRECTORS IN | 10 |
| TITLE | SD | | - - | Delete | ШТ | <u> </u> | PD | _ 1 | | | ☐ Change | ☐ Addition |
| NAME | CRAIN, DA | | | | NAMI | | Crain | Deurch Swipt Au | ٥ | | | |
| STREET ADDRESS | | 127TH AVE | | | | ET ADDRESS | | | | | | , |
| CITY-ST-ZIP | DAVIE, FL | . 33325 | | | | -ST-ZIP | | o, FL 333 | 23 | | | |
| TITLE | VD BRANTLE | V BILLV | | Delete | mu | | D | راري , ها، الم | 4 | | Change | Addition |
| NAME Street address | , | • | | | NAM | ET ADDRESS | Bigur | שוא דבו שפ | . | | | |
| CITY-ST-ZIP | I = | | | -ST-ZIP | | e , FL 335 | | | | | | |
| MILE | PDTD | | | Delete | TITLE | | 177) | * | | ······································ | Change | ☐ Addition |
| NAME | BELL, STE | EPHANI E | ~ | - Carbina | NAM | | 8.11. | STephani | ρ . | | | |
| STREET ADDRESS | 2045 SW ⁻ | 127TH AVE | | | STRE | ET ADDRESS | 2045 | รเม เล 7 ใ | ρe. | | | |
| CITY-ST-ZIP | DAVIE, FL | 33325 | | ···· | CITY | -ST-ZIP | | e, FL 333 | 25 | | | |
| TITLE | D | | | Delete | TITLE | | Ð | ι Λ | 1 | | Change | Addition |
| NAME | DORSEY, | | | | NAM | | Herno | undez, Ar | mando | | | |
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| | | . 33323 | | | | | _ | ie, FL 3 | | | | |
| title Name | D KELLNER | ROBERT | | Delete | TITLE NAME | : | SD Marri | s, Barbara gw 127 Ard | L | | Change | Addition |
| STREET ADDRESS | | 127TH AVE | | | | ET ADORESS | 2045 | 9 127 AIG | , | | | |
| CITY-ST-ZIP | DAVIE, FL | | | | | -ST-ZIP | Davie | PL 333 | 25 | | _ | |
| TITLE D Delete TITLE | | | | VD. | | | | Change | ☐ Addition | | | |
| NAME | WILLIS, P | AUL. | | La Donne | NAM | | Liste | s, Paul | | | | |
| STREET ADDRESS | 2045 SW 2 | 27 AVE | | | STRE | ET ADDRESS | 2045 | SN 187 AV | €. | | | |
| CITY-ST-ZIP | CITY-ST-ZIP DAVIE, FL 33325 | | | -ST-ZIP | Davi | e, FL 33 | 325 | | | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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.

| SIGNAT | URE: |
|--------|------|
| | |

MUY CALL.
SIGNATURE AND TYPED OR PRINTED NAME OF BIGHING OFFICER OR DIRECTOR