2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762702

FILED Apr 05, 2010 Secretary of State

Entity Name: SADDLE UP TOWNHOMES ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O NEW COMMUNITY STRATEGIES 4801 S. UNIVERSITY DRIVE, SUITE 132 DAVIE, FL 33328 US

Current Mailing Address: New Mailing Address:

C/O NEW COMMUNITY STRATEGIES 4801 S. UNIVERSITY DRIVE, SUITE 132 DAVIE, FL 33328 US

FEI Number: 59-2574748 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JOSEPH H. GANGUZZA & ASSOCIATES, P.A.

SUNTRUST INTERNATIONAL CENTER

ONE S.E. THIRD AVENUE, STE 2150

MIAMI, FL 33131 US

NEW COMMUNITY STRATEGIES

4801 S. UNIVERSITY DR

SUITE 132

DAVIE, FL 33328 US

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: R. JOEL CHALKLEY JR., LCAM 04/05/2010

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Γitle: PD

Name: CRAIN, DAVID

Address: 5036 S. UNIVERSITY DR City-St-Zip: DAVIE, FL 33328

Title: VD

Name: WILLIS, PAUL

Address: 5064 S. UNIVERSITY DR City-St-Zip: DAVIE, FL 33328

Title: TD

Name: BELL, STEPHANIE
Address: 5076 S. UNIVERSITY DR.
City-St-Zip: DAVIE, FL 33328

Title: SD

Name: BONGIRNE, PATRICE
Address: 5144 S. UNIVERSITY DR.
City St. 7in: DAVIE EL 33339

City-St-Zip: DAVIE, FL 33328

Title:

 Name:
 DORSEY, TODD

 Address:
 5148 S. UNIVERSITY DR.

 City-St-Zip:
 DAVIE, FL 33328

- '

Title:

Name: KELLNER, ROBERT
Address: 5118 S. UNIVERSITY DR.
City-St-Zip: DAVIE, FL 33328

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DAVID CRAIN PD 04/05/2010