

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762702

FILED
Mar 09, 2012
Secretary of State

Entity Name: SADDLE UP TOWNHOMES ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2574748

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEW COMMUNITY STRATEGIES
4801 S. UNIVERSITY DR
SUITE 132
DAVIE, FL 33328 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD
Name: CRAIN, DAVID
Address: 5036 S. UNIVERSITY DR
City-St-Zip: DAVIE, FL 33328 US

Title: VPD
Name: JACQUES, TYLER
Address: 5092 S. UNIVERSITY DR
City-St-Zip: DAVIE, FL 33328

Title: D
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-Zip: DAVIE, FL 33328

Title: TD
Name: CROWLEY, CATHERINE
Address: 5106 S. UNIVERSITY DR.
City-St-Zip: DAVIE, FL 33328

Title: D
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: CHRISTOPHER FRENCH

PM

03/09/2012

Electronic Signature of Signing Officer or Director

_____ Date