# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Mar 10, 2003 8:00 am**
**Secretary of State**
03-10-2003 90778 046 ****61.25

0033172

DOCUMENT # 762702

1. Entity Name
SADDLE UP TOWNHOMES ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| C/O CASTLE MGMT. INC.<br>P.O. BOX 189013<br>PLANTATION FL 33318<br>US | C/O CASTLE MGMT. INC.<br>P O BOX 189013<br>PLANTATION FL 33318<br>US |

☐ CHECK HERE IF MAKING CHANGES

| 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 |
|---|---|
| CASTLE MANAGEMENT INC.<br>4450 W. SUNRISE BLVD.<br>SUITE C-100<br>PLANTATION FL 33313 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

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. (NOTE: Registered Agent signature required when reinstating) DATE

| FILE NOW: FEE IS $61.25 | 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 | TD<br>CRAIN, DAVID<br>5036 S UNIVERSITY DR<br>DAVIE FL | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T.D<br>HAYDU, DENISE<br>5082 S. UNIVERSITY Dr.<br>DAVIE, FL 33326 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>KELLNER, ROBERT E<br>5158 S. UNIVERSITY DRIVE<br>DAVIE FL 33326 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P.D | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CATTLEDGE, SARA E<br>5026 S UNIVERSITY DRIVE<br>DAVIE FL 33328 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>LOPEZ, KATHY M<br>5126 S UNIVERSITY DR<br>DAVIE FL 33326 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>STONE, KATHRYN<br>5004 S. University Dr.<br>DAVIE, FL 33326 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>AREBALO, ALBERTO<br>5028 S UNIVERSOTY DR<br>DAVIE FL | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>LEFIGER, JOAN<br>5110 S. University Dr.<br>DAVIE, FL 33326 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>ALTMAN, STEVE<br>5038 S UNIVERSITY DR<br>DAVIE FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (10/02)

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 REQUIRED Robert Kellner, President 3/24/03 (954) 792-6000