

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 07, 2001 8:00 am
Secretary of State

04-07-2001 90027 023 *****61.25

0029659

DOCUMENT # N00000001703**1. Entity Name****SADDLEBROOKE HOMEOWNERS ASSOCIATION, INC.****Principal Place of Business****1688 W. HIBISCUS BLVD.
MELBOURNE FL 32901****Mailing Address****1688 W. HIBISCUS BLVD.
MELBOURNE FL 32901****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**59-3634456**

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****EVANS, HUGH M JR.
1688 W. HIBISCUS BLVD.
MELBOURNE FL 32901****7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

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.**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
Department of State****10. OFFICERS AND DIRECTORS**

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WOOD, GREGORY T 1688 W. HIBISCUS BLVD. MELBOURNE FL 32901 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D EVANS, HUGH M JR. 1688 W. HIBISCUS BLVD. MELBOURNE FL 32901 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D EVANS, ARTHUR F III 1688 W. HIBISCUS BLVD. MELBOURNE FL 32901 | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|--|---|
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**
GREGORY T. WOOD 4/3/01 (321) 727-1000

Date

Daytime Phone #

CR2E037 (10/00)