

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90046 029 ****61.25

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

775 Triple Crown Lane

3. Mailing Address

SADDLEBROOK HOA

Suite, Apt. #, etc.

W. Melbourne Florida

Suite, Apt. #, etc.

PO BOX 121316

City & State

City & State

W. MELBOURNE FLORIDA

Zip

32904

Country

Brevard

Zip

32912

Country

BREVARD

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

HOWARD M WEISS

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

752 DEL MAR CIRCLE

W. MELBOURNE FLA

City

FL

Zip Code

32904

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

Howard M Weiss Trans

3/6/04

Signature, typed or printed name of registered agent and title if applicable.

HOWARD M WEISS

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

TITLE	D	☒ Delete
NAME	EVANS, P. MICHAEL	
STREET ADDRESS	1688 W. HIBISCUS BLVD.	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	D	☒ Delete
NAME	JELUS, TIMOTHY C	
STREET ADDRESS	1688 W. HIBISCUS BLVD.	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	D	☒ Delete
NAME	CHASIN, ROBERT C	
STREET ADDRESS	1688 W. HIBISCUS BLVD.	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	P D	☐ Delete ☒ Addition
NAME	BOONOCORE JOHN	
STREET ADDRESS	775 TRIPLE CROWN LANE	
CITY-ST-ZIP	W. MELBOURNE FLA 32904	
TITLE	V.P D	☐ Delete ☒ Addition
NAME	PHILLIP KOECHLEIN	
STREET ADDRESS	973 DEL MAR CIRCLE	
CITY-ST-ZIP	W. MELBOURNE FLA 32904	
TITLE	Sec D	☐ Delete
NAME	Bojack, Patricia	
STREET ADDRESS	722 DEL MAR Circle	
CITY-ST-ZIP	W. Melbourne FLA 32904	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Treas D	☐ Change ☒ Addition
NAME	Weiss, Howard M	
STREET ADDRESS	752 Del Mar Circle	
CITY-ST-ZIP	W. Melbourne, FLA 32904	
TITLE	D	☐ Change ☒ Addition
NAME	JACOBS, HAL	
STREET ADDRESS	953 DEL MAR CIRCLE	
CITY-ST-ZIP	W. MELBOURNE FLA 32904	
TITLE	D	☐ Change ☒ Addition
NAME	LANDERS, MARY JANE	
STREET ADDRESS	2140 BELMONT WAY	
CITY-ST-ZIP	W. MELBOURNE FLA 32904	
TITLE	D	☐ Change ☒ Addition
NAME	KOWLER JUDITH	
STREET ADDRESS	1082 DEL MAR CIRCLE	
CITY-ST-ZIP	W. MELBOURNE FLA 32904	
TITLE	D	☐ Change ☒ Addition
NAME	FISHER ANN CHRISTY	
STREET ADDRESS	822 DEL MAR CIRCLE	
CITY-ST-ZIP	W. MELBOURNE, FLA 32904	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Howard M Weiss Trans

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HOWARD M. WEISS

3/6/04

Date

321-133-2252

Daytime Phone #