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

FILED
Jul 16, 2007 8:00 am
Secretary of State
07-16-2007 90125 027 ****61.25

DOCUMENT # N00000001703

1. Entity Name: Saddlebrooke Homeowners Association, Inc

DO NOT WRITE IN THIS SPACE

40125224

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
c/o Space Coast Property Mgmt	c/o Space Coast Property Mgmt
Suite, Apt. #, etc.: 645 Classic Ct. Suite 104	Suite, Apt. #, etc.: 645 Classic Ct. Suite 104
City & State: Melbourne, Florida	City & State: Melbourne, Florida
Zip: 32940 Country: USA	Zip: 32940 Country: USA

4. FEI Number: 59-3634456 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Space Coast Property Management

Street Address (P.O. Box Number is Not Acceptable): 645 Classic Ct Suite #104

City: Melbourne, FL Zip Code: 32940

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] MARK JACKLIN 6/28/07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

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 P NAME Lisa Rider STREET ADDRESS 2061 Belmont Way CITY-ST-ZIP West Melbourne, Florida 32904		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE VP NAME Phil Koechlein STREET ADDRESS 973 Del Mar Circle CITY-ST-ZIP West Melbourne, Florida 32904		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE T NAME Dominick Elia STREET ADDRESS 837 Breakness Drive CITY-ST-ZIP West Melbourne, Florida 32904		TITLE NAME STREET ADDRESS CITY-ST-ZIP	**DO NOT WRITE**
TITLE S NAME Joe Vacarelli STREET ADDRESS 1023 Del Mar Circle CITY-ST-ZIP Melbourne, Florida 32904		TITLE NAME STREET ADDRESS CITY-ST-ZIP	**IN THIS SPACE**
TITLE D NAME Martha Landers STREET ADDRESS 2140 Belmont Way CITY-ST-ZIP West Melbourne, Florida 32904		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D NAME John Bunolore STREET ADDRESS 775 Triple Crown Lane CITY-ST-ZIP West Melbourne, Florida 32904		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Dominick Elia (Dominick Elia) 7/2/07 321-409-5678

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #