

**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 # **N000000000703**

1. Entity Name
Saddlebroke Homeowners Association, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 645 Spire Court Property Mgmt Suite, Apt., etc. 645 Spire Ct. Suite 104 City & State Melbourne, Florida Zip 32940 Country USA	3. Mailing Address 645 Spire Court Property Mgmt Suite, Apt., etc. 645 Spire Ct. Suite 104 City & State Melbourne, Florida Zip 32940 Country USA
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4. FEL 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 **Spire Court Property Management**
Street Address (P.O. Box Number is Not Acceptable)
645 Spire 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  **MARK SACKIN** DATE **6/28/07**

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

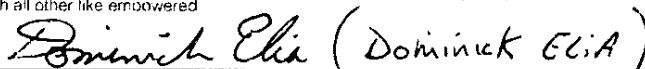
**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS			
TITLE P	NAME Lisa Rider	TITLE	
STREET ADDRESS 2061 Belmont Way	STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP West Melbourne, Florida 32904	CITY-ST-ZIP	CITY-ST-ZIP	
TITLE VP	NAME Phil Koechlein	TITLE	
STREET ADDRESS 973 Del Mar Circle	STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP West Melbourne, Florida 32904	CITY-ST-ZIP	CITY-ST-ZIP	
TITLE T	NAME Dominick Elia	TITLE	
STREET ADDRESS 837 Preakness Drive	STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP West Melbourne, Florida 32904	CITY-ST-ZIP	CITY-ST-ZIP	
TITLE S	NAME Joe Vacarelli	TITLE	
STREET ADDRESS 7023 Del Mar Circle	STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP West Melbourne, Florida 32904	CITY-ST-ZIP	CITY-ST-ZIP	
TITLE D	NAME Martha Landers	TITLE	
STREET ADDRESS 2140 Belmont Way	STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP West Melbourne, Florida 32904	CITY-ST-ZIP	CITY-ST-ZIP	
TITLE D	NAME John Bunocore	TITLE	
STREET ADDRESS 775 Triple Crown Lane	STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP West Melbourne, Florida 32904	CITY-ST-ZIP	CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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**

7/2/07

321-409-5678

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Office Phone #

CR2E0378 (12/02)