

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N95000001590**

1. Entity Name

SADDLE TRAILS PARK PROPERTY OWNERS ASSOCIATION,**FILED****Jan 25, 2000 8:00 am**
Secretary of State

01-25-2000 90109 042 ****61.25

Principal Place of Business	Mailing Address
14367 BELMONT TRACE WEST PALM BEACH FL 33414	14367 BELMONT TRACE WEST PALM BEACH FL 33414-7604

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLEApplied For
Not5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

BITTAR, LINDA M
14367 BELMONT TRACE
WEST PALM BEACH FL 33414

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 \$61.259. 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	DP	<input type="checkbox"/> Delete
NAME	BITTAR, LINDA M	
STREET ADDRESS	14367 BELMONT TRACE	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	STERN, IRA	
STREET ADDRESS	14307 LAUREL TRAIL	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	DS	<input type="checkbox"/> Delete
NAME	JERKINS, MARRELL	
STREET ADDRESS	14274 LAUREL TRAIL	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	T	<input type="checkbox"/> Delete
NAME	BITTAR, MICHAEL T	
STREET ADDRESS	14367 BELMONT TRACE	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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: *Linda M. Bittar*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Linda M. Bittar

Date

1/17/2000

Daytime Phone #

(561) 795-3783