

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004428

1. Entity Name

SADDLEBROOK AT DAVIE HOMEOWNERS ASSOCIATION, INC ✓

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90014 042 ****61.25

Principal Place of Business

9050 PINES BLVD
110
PEMBROKE PINES FL 33028

Mailing Address

9050 PINES BLVD
110
PEMBROKE PINES FL 33028

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

65-0939287

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Homes
HORNES, MORRISON
9050 PINES BLVD
SUITE 110
PEMBROKE PINES FL 33028

Name

Street

City

Kneiser, Frank
c/o Asset Property Management
301 Yamato Rd. #3101
Boca Raton, FL 33431

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

Frank Kneiser

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

After September 13, 2000 min. will be \$236.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **BLESSING, DAVID C**
STREET ADDRESS **9050 PINES BLVD STE 110**
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE **PD** ☒ Change ☐ Addition
NAME **Blessing, David C**
STREET ADDRESS **301 Yamato Rd. #3101**
CITY-ST-ZIP **Boca Raton, FL 33431**

TITLE **VD** ☐ Delete
NAME **COMET, EDUARDO**
STREET ADDRESS **9050 PINES BLVD STE 110**
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE **VD** ☒ Change ☐ Addition
NAME **Comet, Eduardo**
STREET ADDRESS **301 Yamato Rd. #3101**
CITY-ST-ZIP **Boca Raton, FL 33431**

TITLE **STVD** ☒ Delete
NAME **ARMSTRONG, RITA**
STREET ADDRESS **9050 PINES BLVD STE 110**
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **STVD** ☐ Change ☒ Addition
NAME **Cordozo, Courtney**
STREET ADDRESS **301 Yamato Rd. #3101**
CITY-ST-ZIP **Boca Raton, FL 33431**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED: Managing Agent 7/26/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CH2E037 (5/00)