

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2001 8:00 am
Secretary of State

05-07-2001 90011 013 ****61.25

DOCUMENT # N98000004428

1. Entity Name

SADDLEBROOK AT DAVIE HOMEOWNERS ASSOCIATION, INC

Principal Place of Business

Mailing Address

9050 PINES BLVD
 110
 PEMBROKE PINES FL 33028

9050 PINES BLVD
 110
 PEMBROKE PINES FL 33028

700400



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

ASSET PROPERTY MANG.
 Suite, Apt. #, etc.

ASSET PROPERTY MANG.
 Suite, Apt. #, etc.

301 YAMATO RD #2198
 City & State

301 YAMATO RD #2198
 City & State

BOCA RATON, FL
 Zip

BOCA RATON, FL
 Zip

33431 PALM BEACH

33431 PALM BEACH

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, MORRISON
 9050 PINES BLVD
 SUITE 110
 PEMBROKE PINES FL 33028

Name
FRANK KNEISER
 Street Address (P.O. Box Number is Not Acceptable)
 c/o ASSET PROPERTY MANG.
 301 YAMATO RD #2198
 City
 BOCA RATON FL Zip Code
 33431

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 \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	PD BLESSING, DAVID C 301 YAMATO RD #2198 BOCA RATON FL 33431	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COMET, EDUARDO 301 YAMATO RD #2198 BOCA RATON FL 33431	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STVD CORDOZO, COURTNEY 301 YAMATO RD #2198 BOCA RATON FL 33431	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)