

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90001 047 ****61.25

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DOCUMENT # N98000004428

1. Entity Name

SADDLEBROOK AT DAVIE HOMEOWNERS ASSOCIATION, INC

Principal Place of Business

Mailing Address

ASSISTANT PROPERTY MGMT
 301 YAMATO RD #2148
 BOCA RATON FL 33431

ASSISTANT PROPERTY MGMT
 301 YAMATO RD #2148
 BOCA RATON FL 33431

2. Principal Place of Business

3. Mailing Address

Brock Property Mgmt

← SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11606 NW 19th Drive

Coral Springs FL

City & State

Zip
33071

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

KNEISER, FRANK
 C/O ASSET PROPERTY MGMT
 301 YAMATO RD #2198
 BOCA RATON FL 33431

Name

Jane Brock c/o Brock Property Mgmt

Street Address (P.O. Box Number is Not Acceptable)

11606 NW 19th Drive

City

Coral Springs

FL

Zip Code

33071

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

Jane M Brock

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	PD	☐ Delete
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	301 YAMATO RD #3101	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	STVD	☒ Delete
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		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	<i>11606 NW 19th Drive</i>	
CITY-ST-ZIP	<i>Coral Springs, FL 33071</i>	
TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	<i>11606 NW 19th Drive</i>	
CITY-ST-ZIP	<i>Coral Springs, FL 33071</i>	
TITLE	<i>Secretary/Treasurer</i>	☐ Change ☒ Addition
NAME	<i>Ramond Fernandez</i>	
STREET ADDRESS	<i>11606 NW 19th Drive</i>	
CITY-ST-ZIP	<i>Coral Springs, FL 33071</i>	
TITLE		☐ Change ☐ Addition
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:

David C Blessing
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

DAVID C BLESSING

Date

2/26/02

Daytime Phone #

954-438-7055

CR2E037 (9/01)