

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90307 041 ****61.25

DOCUMENT # N98000004428 1. Entity Name SADDLEBROOK AT DAVIE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business BROCK PROPERTY MANAGEMENT 11606 NW 19TH DRIVE CORAL SPRINGS, FL 33071			Mailing Address BROCK PROPERTY MANAGEMENT 11606 NW 19TH DRIVE CORAL SPRINGS, FL 33071		
2. Principal Place of Business <i>C/O Gables Property Mngmt, Inc.</i> Suite, Apt. #, etc. 3300 Corporate Ave, Suite 110 City & State Weston, FL Zip 33331		3. Mailing Address <i>C/O Gables Property Mngmt, Inc.</i> Suite, Apt. #, etc. 3300 Corporate Ave, Suite 110 City & State Weston, FL Zip 33331		01122005 Chg-NP CR2E037 (10/03) 4. FEI Number 65-0939287 Applied For ☐ Not Applicable	
Country Broward		Country Broward		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROCK, JANE C/O BROCK PROPERTY MANAGEMENT 11606 NW 19TH DRIVE CORAL SPRINGS, FL 33071				7. Name and Address of New Registered Agent Name Jim Greene Street Address (P.O. Box Number is Not Acceptable) 3300 Corporate Ave Suite 110 City Weston	
State FL		Zip Code 33331		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 <i>Jim Greene</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE 4/10/05	
Filing Fee is \$61.25 Due by May 1, 2005		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME PETERSON, DONN STREET ADDRESS 13890 SW 33CT CITY-ST-ZIP FORT LAUDERDALE, FL 33330	☒ Delete		TITLE P NAME Greene, Jim STREET ADDRESS 3300 Corporate Ave, Suite 110 CITY-ST-ZIP Weston FL 33331	☐ Change ☒ Addition	
TITLE D NAME SHERMAN, STEVE STREET ADDRESS 3230 SW 13CT TERRACE CITY-ST-ZIP FORT LAUDERDALE, FL 33330	☒ Delete		TITLE VP NAME Moncrieff, Michael STREET ADDRESS 3300 Corporate Ave, Suite 110 CITY-ST-ZIP Weston FL 33331	☐ Change ☒ Addition	
TITLE D NAME HERSEY, LORI STREET ADDRESS 13901 SW 31 STREET CITY-ST-ZIP FORT LAUDERDALE, FL 33330	☒ Delete		TITLE T NAME Weinstein, Marc STREET ADDRESS 3300 Corporate Ave, Suite 110 CITY-ST-ZIP Weston FL 33331	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE S NAME Marsh, Rolando STREET ADDRESS 3300 Corporate Ave, Suite 110 CITY-ST-ZIP Weston, FL 33331	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE Exec VP NAME Winham, Susan STREET ADDRESS 3300 Corporate Ave, Suite 110 CITY-ST-ZIP Weston, FL 33331	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		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: <i>James Greene</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE 4/10/05 (954) 236-8304 Daytime Phone #		