

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90012 036 ****61.25

DOCUMENT # N98000004428						
1. Entity Name SADDLEBROOK AT DAVIE HOMEOWNERS ASSOCIATION, INC.						
Principal Place of Business 1495 NORTH PARK DRIVE FORT LAUDERDALE, FL 33326			Mailing Address 1495 NORTH PARK DRIVE FORT LAUDERDALE, FL 33326			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	4. FEI Number 65-0939287		
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			
GREENE, JIM 3300 CORPORATE AVE 1495 N. PARK DRIVE SUITE 110 WESTON, FL 33331 33326			Name <u>Babalak + Eichner, PA</u> Street Address (P.O. Box Number is Not Acceptable) <u>150 South Pine Island Road #540</u> City <u>Plantation</u> FL Zip Code <u>33324</u>			
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 <u>Babalak + Eichner PA</u> 2/26/07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing ☐ \$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 NAME STREET ADDRESS CITY-ST-ZIP	P GREENE, JIM 1495 N PARK DR WESTON, FL 33326		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MONCRIEFF, MICHAEL 1495 N PARK DR WESTON, FL 33331		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WEINSTEIN, MARE 1495 N PARK DR WESTON, FL 33331		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FABIONI, SHERI 1495 N PARK DR WESTON, FL 33331		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLENOS, PAULA 1495 N PARK DR WESTON, FL 33331		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ 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 exemptions contained in Chapter 119, 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: <u>James Greene</u> 1/17/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #						

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