2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State
04-30-2008 90152 026 ****61.25

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1. Entity Name
SADDLEBROOK AT DAVIE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1495 NORTH PARK DRIVE FORT LAUDERDALE, FL 33326	1495 NORTH PARK DRIVE FORT LAUDERDALE, FL 33326

01042008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
c/o WEST BROWARD COMM MGMT	WEST BROWARD COMM MGMT
Suite, Apt. #, etc. 11530 STATE ROAD 84	Suite, Apt. #, etc. P. O. BOX 551390
City & State DAVIE FL	City & State DAVIE FL
Zip / Country 33325 / USA	Zip / Country 33355-1390 / USA

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
BAKALAR, EICHNER PA 150 SOUTH PINE ISLAND ROAD #540 PLANTATION, FL 33324	Name: ANGELA FIORE Street Address (P.O. Box Number is Not Acceptable): WEST BROWARD COMM MGMT 11530 STATE ROAD 84 City: DAVIE FL Zip Code: 33325

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: Angela Fiore ANGELA FIORE 4/01/08
(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, 2008

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P GREENE, JIM 1495 N PARK DR WESTON, FL 33326	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GREENE JIM 3262 S.W. 138 WAY DAVIE FL 33330	☒ 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	VP MONCRIEFF, MICHAEL 13890 SW 33 CT DAVIE FL 33330	☒ 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	VP WEINSTEIN, MARC 3143 S.W. 141 TERRACE DAVIE FL 33330	☒ 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	T FABIANO, SHERI 3053 SW 141 TERRACE DAVIE FL 33330	☒ 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	D GLENOS, PAULA 3292 S.W. 138 WAY DAVIE FL 33330	☒ 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 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: Jim Greene 4/22/08 954-472-3820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #