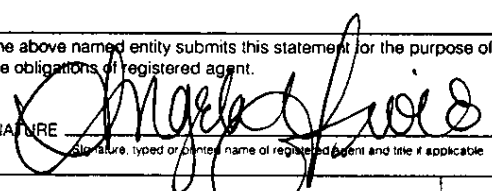
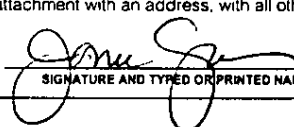


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90152 026 ****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 # 90 WEST BROWARD COMM MGMT Suite, Apt. #, etc. 11530 STATE ROAD 84 City & State DAVIE FL Zip 33325		3. Mailing Address WEST BROWARD COMM MGMT Suite, Apt. #, etc. P.O. Box 551390 City & State DAVIE FL Zip 33355-1390	
			
		01042008 Chg-NP CR2E037 (12/06)	
		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 BAKALAR, EICHNER PA 150 SOUTH PINE ISLAND ROAD #540 PLANTATION, FL 33324		7. Name and Address of New Registered Agent 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 4/01/08 (NOTE: Registered Agent signature required when reinstating)	
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	P GREENE, JIM ☐ Delete	TITLE	P GREENE, JIM ☒ Change ☐ Addition
NAME	1495 N PARK DR	NAME	3262 S.W. 138 WAY
STREET ADDRESS	WESTON, FL 33326	STREET ADDRESS	DAVIE FL 33330
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VP MONCRIEFF, MICHAEL ☐ Delete	TITLE	VP MONCRIEFF, MICHAEL ☒ Change ☐ Addition
NAME	1495 N PARK DR	NAME	13890 SW 33 CT
STREET ADDRESS	WESTON, FL 33331	STREET ADDRESS	DAVIE FL 33330
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	T WEINSTEIN, MARE ☐ Delete	TITLE	VP WEINSTEIN, MARC ☒ Change ☐ Addition
NAME	1495 N PARK DR	NAME	3143 S.W. 141 TERRACE
STREET ADDRESS	WESTON, FL 33331	STREET ADDRESS	DAVIE FL 33330
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	S FABIONI, SHERI ☐ Delete	TITLE	T FABIANO, SHERI ☒ Change ☐ Addition
NAME	1495 N PARK DR	NAME	3053 SW 141 TERRACE
STREET ADDRESS	WESTON, FL 33331	STREET ADDRESS	DAVIE FL 33330
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D GLENOS, PAULA ☐ Delete	TITLE	D GLENOS, PAULA ☒ Change ☐ Addition
NAME	1495 N PARK DR	NAME	3292 S.W. 138 WAY
STREET ADDRESS	WESTON, FL 33331	STREET ADDRESS	DAVIE FL 33330
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 #	