2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

DOCUMENT# N98000004428

Entity Name: SADDLEBROOK AT DAVIE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O W BROWARD COMM MGMT
11530 ST RD 84
DAVIE, FL 33325

New Principal Place of Business:

Current Mailing Address:

W BROWARD COMM MGMT
PO BOX 551390
DAVIE, FL 333551390

New Mailing Address:

FEI Number: 65-0939287 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FIORE, ANGELA
W BROWARD COMM MGMT
11530 ST RD 84
DAVIE, FL 33325 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GREENE, JIM
Address: 3262 SW 138 WAY
City-St-Zip: DAVIE, FL 33330

Title: VP ( ) Delete
Name: MONCRIEFF, MICHAEL
Address: 13890 SW 33 CT
City-St-Zip: DAVIE, FL 33330

Title: T ( ) Delete
Name: WEINSTEIN, MARC
Address: 3143 SW 141 TER
City-St-Zip: DAVIE, FL 33330

Title: S ( ) Delete
Name: FABIONI, SHERI
Address: 3053 SW 141 TER
City-St-Zip: DAVIE, FL 33330

Title: D ( ) Delete
Name: GLENOS, PAULA
Address: 3292 SW 138 WAY
City-St-Zip: DAVIE, FL 33330

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: WEINSTEIN, MARC
Address: 3143 SW 141 TERRACE
City-St-Zip: DAVIE, FL 33330

Title: S (X) Change ( ) Addition
Name: MONCRIEFF, MICHAEL
Address: 13890 SW 33 COURT
City-St-Zip: DAVIE, FL 33330

Title: D (X) Change ( ) Addition
Name: FABIONI, SHERI
Address: 3053 SW 141 TER
City-St-Zip: DAVIE, FL 33330

Title: T (X) Change ( ) Addition
Name: GLENOS, PAULA
Address: 3292 SW 138 WAY
City-St-Zip: DAVIE, FL 33330

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JIM GREENE P 04/02/2009

Electronic Signature of Signing Officer or Director — Date