

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-12-2003 90107 045 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

2/1

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0939287**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

TITLE	PD	☒ Delete
NAME	BLESSING, DAVID C	
STREET ADDRESS	11606 NW 19TH DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	VD	☒ Delete
NAME	COMET, EDUARDO	
STREET ADDRESS	11606 NW 19TH DRIVE	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
TITLE	ST	☒ Delete
NAME	FERNANDEZ, RAMOND	
STREET ADDRESS	11606 NW 19TH DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☐ Change ☐ Addition
NAME	Bann Peterson	
STREET ADDRESS	13890 SW 33rd	
CITY-ST-ZIP	Davie, FL 33330	
TITLE	VS	☐ Change ☐ Addition
NAME	Steve Sherman	
STREET ADDRESS	3030 SW 139 Terrace	
CITY-ST-ZIP	Davie, FL 33330	
TITLE	TD	☐ Change ☐ Addition
NAME	Lori Hersey	
STREET ADDRESS	13901 SW 31 Street	
CITY-ST-ZIP	Davie, FL 33330	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SUBMITTED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)