

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000001769

FILED
Feb 07, 2009
Secretary of State

Entity Name: SADDLE RIVER ASSOCIATES, INC.

Current Principal Place of Business:

1209 ORANGE AVENUE
WILMINGTON, DE 19801

New Principal Place of Business:

Current Mailing Address:

PO BOX 749
STUART, FL 34995

New Mailing Address:

FEI Number: 22-2825901

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ERICKSON, PAUL B
321 ROYAL POINCIANA PLAZA
PALM BEACH, FL 33480 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: BOTWINICK, EDWARD E EDWARD
Address: P.O. BOX 749
City-St-Zip: STUART, FL 34995

Title: S () Delete
Name: BROWN, VICTORIA A
Address: P.O. BOX 749
City-St-Zip: STUART, FL 34995

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PC (X) Change () Addition
Name: BOTWINICK, EDWARD EDWARD
Address: P.O. BOX 847
City-St-Zip: LINVILLE, NC 28646

Title: PO B (X) Change () Addition
Name: BROWN, VICTORIA A
Address: PO BOX 847
City-St-Zip: LINVILLE, NC 28646

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD BOTWINICK

P

02/07/2009

Electronic Signature of Signing Officer or Director

_____ Date