


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90025 050 ****61.25

DOCUMENT # N01000003010
 1. Entity Name
SATURNIA LAKES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
1401 UNIVERSITY DRIVE SUITE 200 **1401 UNIVERSITY DRIVE SUITE 200**
CORAL SPRINGS FL 33071-6039 **CORAL SPRINGS FL 33071-6039**

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 Applied For
65-1100271 Not Applicable

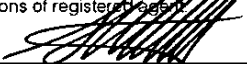
5. Certificate of Status Desired **\$8.75 Additional Fee Required**



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent
COSTELLO, RICHARD A
1401 UNIVERSITY DRIVE SUITE 200
CORAL SPRINGS FL 33071-6039

7. Name and Address of New Registered Agent
 Name **STEVEN M. HELFMAN**
 Street Address (P.O. Box Number is Not Acceptable)
1401 UNIVERSITY DR, Suite 200
 City **CORAL SPRINGS** State **FL** Zip Code **33071**

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  **Steven M. Helfman** DATE **March 7, 2005**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

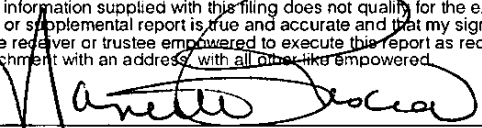
Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	PLESCIA, NANETTE	
STREET ADDRESS	1401 UNIVERSITY DRIVE SUITE 200	
CITY-ST-ZIP	CORAL SPRINGS FL 33071-6039	
TITLE	DV	<input type="checkbox"/> Delete
NAME	NORWALK, RICHARD M	
STREET ADDRESS	1401 UNIVERSITY DRIVE SUITE 200	
CITY-ST-ZIP	CORAL SPRINGS FL 33071-6039	
TITLE	DVPS	<input checked="" type="checkbox"/> Delete
NAME	COSTELLO, RICHARD A	
STREET ADDRESS	1401 UNIVERSITY DRIVE SUITE 200	
CITY-ST-ZIP	CORAL SPRINGS FL 33071-6039	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	N. MARIA MENEZDES	
STREET ADDRESS	1401 UNIVERSITY DRIVE, Suite 200	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:  **NANETTE PLESCIA** Date **3/16/05** Daytime Phone # **239-592-6000**