



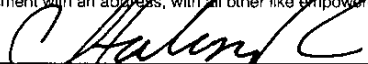
**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90104 022 \*\*\*\*61.25

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<b>DOCUMENT # N01000003010</b>			
1. Entity Name SATURNIA LAKES HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 1401 UNIVERSITY DRIVE SUITE 200 CORAL SPRINGS, FL 33071-6039		Mailing Address 1401 UNIVERSITY DRIVE SUITE 200 CORAL SPRINGS, FL 33071-6039	
2. Principal Place of Business 1310 Saturnia Grande Dr. Suite, Apt. #, etc.		3. Mailing Address 1310 Saturnia Grande Dr. Suite, Apt. #, etc.	
City & State Naples, Florida		City & State Naples, Florida	
Zip 34119	Country USA	Zip 34119	Country USA
6. Name and Address of Current Registered Agent HELFMAN, STEVEN M 1401 UNIVERSITY DRIVE SUITE 200 CORAL SPRINGS, FL 33071		7. Name and Address of New Registered Agent Name: Samouice, Murrell + Gal Street Address (P.O. Box Number is Not Acceptable): 5405 Park Central Court City: Naples FL Zip Code: 34109	
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: 		DATE: 2/22/06	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	DP PLESCIA, NANETTE 1401 UNIVERSITY DRIVE SUITE 200 CORAL SPRINGS, FL 330716039 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Halaschak, Chels 2337 Butterfly Palm Dr. Naples, FL 34119 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV NORWALK, RICHARD M 1401 UNIVERSITY DRIVE SUITE 200 CORAL SPRINGS, FL 330716039 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Walters, Edward 2012 Painted Palm Dr. Naples, FL 34119 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MENENDEZ, MARIA N 1401 UNIVERSITY DRIVE SUITE 200 CORAL SPRINGS, FL 33071 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Pizzi, Victoria 1905 Isla de Palma Naples, FL 34119 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD White, Jonathan 2103 Isla de Palma Naples, FL 34119 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bestree, Harold 1282 Barrigona Ct. Naples, FL 34119 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Paola, Frederick 2119 Isla de Palma Cir. Naples, FL 34119 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: 		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	