
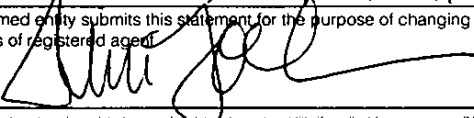
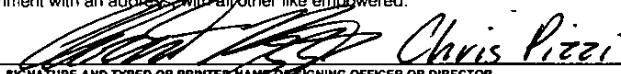


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90095 026 ****61.25

DOCUMENT # N0100003010			
1. Entity Name SATURNIA LAKES HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 1310 SATURNIA GRANDE DR NAPLES, FL 34119		Mailing Address 1310 SATURNIA GRANDE DR NAPLES, FL 34119	
2. Principal Place of Business - No P.O. Box # - <i>Omni Mgmt Services</i> Suite, Apt. #, etc. <i>4138 N Keystone Ave</i> City & State <i>Indianapolis IN</i> Zip <i>46205</i>		3. Mailing Address <i>Omni Mgmt Services</i> Suite, Apt. #, etc. <i>4138 N Keystone Ave</i> City & State <i>Indianapolis IN</i> Country <i>46205</i>	
		04032007 Chg-NP CR2E037 (12/06)	
		4. FEI Number 65-1100271	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SAMOUGE, MURRELL & GAL PORTER WRIGHT MORRIS 5426 PARK CENTRAL COURT AND ARTHUR LLP NAPLES, FL 34109 5801 PELICAN BAY BOULEVARD SUITE 300 NAPLES, FLORIDA 34108		7. Name and Address of New Registered Agent Name TIM LOEHR Street Address (P.O. Box Number is Not Acceptable) 27499 RIVERVIEW CENTER BLVD. SUITE 134 City BONITA SPRINGS FL Zip Code 34134	
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 4-13-07	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2007		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 PD	NAME HALASCHAK, CHRIS	STREET ADDRESS 2337 BUTTSEFLY PALM DR	CITY-ST-ZIP NAPLES, FL 34119
	<input checked="" type="checkbox"/> Delete		
TITLE VPD	NAME WALTERS, EDWARD	STREET ADDRESS 2012 PAINTED PALM DR	CITY-ST-ZIP NAPLES, FL 34119
	<input checked="" type="checkbox"/> Delete		
TITLE SD	NAME PIZZI, VICTORIA	STREET ADDRESS 1905 ISLA DE PALMA	CITY-ST-ZIP NAPLES, FL 34119
	<input checked="" type="checkbox"/> Delete		
TITLE TD	NAME WHITE, JONATHAN	STREET ADDRESS 2103 ISLA DE PALMA	CITY-ST-ZIP NAPLES, FL 34119
	<input checked="" type="checkbox"/> Delete		
TITLE D	NAME BRESTNER, HAROLD	STREET ADDRESS 1282 BARRIGONA CT	CITY-ST-ZIP NAPLES, FL 34119
	<input checked="" type="checkbox"/> Delete		
TITLE D	NAME PAOLA, FREDERICK	STREET ADDRESS 2119 ISLA DE PALMA CIRCLE	CITY-ST-ZIP NAPLES, FL 34119
	<input checked="" type="checkbox"/> Delete		
TITLE PD	NAME CARY, WALTER	STREET ADDRESS 2073 PAINTED PALM DR.	CITY-ST-ZIP NAPLES, FL. 34119
	<input type="checkbox"/> Change		<input checked="" type="checkbox"/> Addition
TITLE VPD	NAME DALASKY, NANCY	STREET ADDRESS 2097 AMARGO WAY	CITY-ST-ZIP NAPLES, FL. 34119
	<input type="checkbox"/> Change		<input checked="" type="checkbox"/> Addition
TITLE SD	NAME LUPERINI, KATHY	STREET ADDRESS 1885 SENEGAL DATE DRIVE	CITY-ST-ZIP NAPLES, FL. 34119
	<input type="checkbox"/> Change		<input checked="" type="checkbox"/> Addition
TITLE TD	NAME PIZZI, CHRIS	STREET ADDRESS 1905 ISLA DE PALMA CIRCLE	CITY-ST-ZIP NAPLES, FL. 34119
	<input type="checkbox"/> Change		<input checked="" type="checkbox"/> Addition
TITLE D	NAME MARCEÑO, CARMINE	STREET ADDRESS 1610 TRIANGLE PALM TERRACE	CITY-ST-ZIP NAPLES, FL. 34119
	<input type="checkbox"/> Change		<input checked="" type="checkbox"/> Addition
TITLE D	NAME AVALLONE, ANTHONY	STREET ADDRESS 2301 GUADELUPE DRIVE	CITY-ST-ZIP 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 4-8-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	
		Daytime Phone #	