

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003010

FILED
Apr 09, 2009
Secretary of State

Entity Name: SATURNIA LAKES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

SATURNIA LAKES HOA, INC.
1310 SATURNIA GRANDE DRIVE
NAPLES, FL 34119

New Principal Place of Business:

Current Mailing Address:

SATURNIA LAKES HOA, INC.
1310 SATURNIA GRANDE DRIVE
NAPLES, FL 34119

New Mailing Address:

FEI Number: 65-1100271 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOEDE, JOHN C P.A.
9915 TAMIAMI TRAIL
SUITE 1
NAPLES, FL 34108 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MICHAEL, MOORE J
Address: 2112 AMARGO WAY
City-St-Zip: NAPLES, FL 34119

Title: VPD () Delete
Name: KRING, TAD
Address: 2073 ISLA DE PALMA CIRCLE
City-St-Zip: NAPLES, FL 34119

Title: SD () Delete
Name: DALASKEY, NANCY
Address: 2097 AMARGO WAY
City-St-Zip: NAPLES, FL 34119

Title: TD () Delete
Name: PIZZI, CHRIS
Address: 1905 ISLA DE PALMA CIRCLE
City-St-Zip: NAPLES, FL 34119

Title: D () Delete
Name: AVALLONE, THOMAS
Address: 2301 GUADELUPE DRIVE
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: PUGACH, JOSEPH
Address: 2411 BUTTLEFLY PALM DRIVE
City-St-Zip: NAPLES, FL 34119

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

SIGNATURE: MIKE MOORE

PD

04/09/2009

Electronic Signature of Signing Officer or Director

_____ Date