


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90173 042 ****61.25

DOCUMENT # N01000003010

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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

4. FEI Number **65-1100271**

Applied For
 Not Applicable

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

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
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____
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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V RICHARD M. NORWALK 1401 UNIVERSITY DRIVE, SUITE 200 CORAL SPRINGS, FLORIDA 33071-6039	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

Richard M. Norwalk, V.P. April 29, 2003 954.753.1730

SIGNATURE **RICHARD M. NORWALK**

CR2E037 (10/02)