


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90017 008 ****61.25

DOCUMENT # N01000008875

1. Entity Name
SAXONY O CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**718 SAXONY O
 DELRAY BCH, FL 33446**

Mailing Address
**718 SAXONY O
 DELRAY BCH, FL 33446**

40040010



03052007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #
15300 Jog Road

3. Mailing Address
P.O. Box 244464

Suite, Apt. #, etc.
Suite #109

Suite, Apt. #, etc.

City & State
Delray Beach, FL

City & State
Boynton Beach, FL

Zip
33446

Country
USA

Zip
33424-4464

Country
USA

4. FEI Number
NOT APPLICABLE

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**DICKER, KRIVOK & STOLOFF, P.A.
 1818 AUSTRALIAN AVE S STE 400
 W PALM BCH, FL 33409**

7. Name and Address of New Registered Agent

Name
Danny Wilson, Wilson Management

Street Address (P.O. Box Number is Not Acceptable)

15300 Jog Road, Suite #109

City
Delray Beach

State
FL

Zip Code
33446

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 *Danny Wilson*, **Danny Wilson** 3/13/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2007**

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	T	<input type="checkbox"/> Delete
NAME	WEINER, BEVERLY	
STREET ADDRESS	602 SAXON 40 692 SAXONY O	
CITY-ST-ZIP	DELRAY BEACH, FL 33446	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PAVIGLIANITI, JOE	
STREET ADDRESS	699 SAXON 40 686 SAXONY O	
CITY-ST-ZIP	DELRAY BCH, FL 33446	
TITLE	MS	<input type="checkbox"/> Delete
NAME	BERNZWEIG, MURIEL	
STREET ADDRESS	709 SAXONY O	
CITY-ST-ZIP	DELRAY BCH, FL 33446	
TITLE	D	<input type="checkbox"/> Delete
NAME	KIRSTER, MINNA	
STREET ADDRESS	705 SAXON 40 SAXONY O	
CITY-ST-ZIP	DELRAY BCH, FL 33446	
TITLE	PS ←	<input type="checkbox"/> Delete
NAME	GREENBAUM, ED	
STREET ADDRESS	718 SAXONY O	
CITY-ST-ZIP	DELRAY BEACH, FL 33446	
TITLE	D	<input type="checkbox"/> Delete
NAME	LABARBERA, ESTER ESTHER	
STREET ADDRESS	710 SAXON 40 SAXONY O	
CITY-ST-ZIP	DELRAY BEACH, FL 33446	

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		<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 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: *Joseph E. Reinhart* 3-9-07 ^{coll.} 573-5485

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #