


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90161 022 ****61.25

DOCUMENT # N03000007812

1. Entity Name
 SAXONY PLACE AT CARILLON TOWNHOME OWNER'S ASSOCIATION, INC.



Principal Place of Business
 C/O JAY GEE DEVELOPMENT, LLC
 13555 AUTOMOBILE BLVD., SUITE 360
 CLEARWATER, FL 33762

Mailing Address
 9887 FOURTH STREET NORTH #301
 ST. PETERSBURG, FL 33702

2. Principal Place of Business - No P.O. Box #
 3535 FIRST AVE No

3. Mailing Address
 3535 FIRST AVE No.

Suite, Apt. #, etc.



03042008 Chg-NP CR2E037 (12/06)

City & State
 ST. PETERSBURG FL

City & State
 ST. PETERSBURG FL

Zip
 33713

Country
 PINELLAS

Zip
 33713

Country
 PINELLAS

4. FEI Number
 65-1204327

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

GEIGER, JOHN
 C/O JAY GEE DEVELOPMENT, LLC
 13555 AUTOMOBILE BLVD., SUITE 360
 CLEARWATER, FL 33762

7. Name and Address of New Registered Agent

Name
 KEITH NEWMAN

Street Address (P.O. Box Number is Not Acceptable)
 3535 FIRST AVE No

City
 ST. PETERSBURG FL

Zip Code
 33713

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 Keith Newman DATE 4/30/08

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, 2008

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	PD NEWGREEN, TERRY 9887 FOURTH STREET NORTH #301 ST. PETERSBURG, FL 33702 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD LONG, CHARLENE 9887 FOURTH STREET NORTH #301 ST. PETERSBURG, FL 33702 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD WHITMAN, PAUL 9887 FOURTH STREET NORTH #301 ST. PETERSBURG, FL 33702 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 632 SAXONY BLVD 33716
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 649 SAXONY BLVD 33716
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 658 SAXONY BLVD 33716
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 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: Keith Newman DATE 4-30-08

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