FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State OPPORATIONS

N16595 **DOCUMENT #**

THE VILLAGE OF SARATOGA POINTE HOMEOWNERS ASSOCI ATION, INC.

Principal Place of Business Mailing Address 2845 NORTH MILITARY TRL. #15 2845 NORTH MILITARY TRL. #15 WEST PALM BEACH FL 33409-2955 WEST PALM BEACH FL 33409-2955 3. Date Incorporated or Qualified 3a. Date of Last Report 09/02/1986 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2715861 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5,00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Zφ Country B. This corporation has liability for intangible tax under s. 199.032, 30 Florida Statutes X Yes No 29 25 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name STEVEN L. DANIEL, ATTORNEY Street Address (P.O. Box Number is Not Acceptable) 82 SACHS & SAX, ATTORNEYS AT LAW 83 4150 NORTHERN TRUST PLAZA, 301 YAMATO RD. **BOCA RATON FL 33431** 84 City Zip Code 85 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change [] Addition TITLE WHITMER, KEITH 1.2 NAME NAME 2815 GETTYSBURG LANE 1.3 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE **XX**Change ☐ Addition TITLE D SPIVACK, LESLIE NAME 22 NAME 2870 FARRAGUT LANE STREET ADDRESS 23 STREET ADDRESS WEST PALM BEACH FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE SD **KX**Change Addition TITLE 3.1 TITLE PD **BOUGAE, ERIKA** NAME 3 2 NAME 2615 IROQUOIS CIRCLE 3.3 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL CITY-ST-ZIP 3.4. CITY-ST-ZIP Change Addition DELETE TITLE 4.1 TITLE BUSCH, ROBERT NAME 4. 2 NAME 2875 FARRAGUT LANE STREET ADDRESS 4.3 STREET ADDRESS WEST PALM BEACH FL 4.4 CITY-ST-ZIP CITY-ST-ZIP XXDELETE Change SD Addition TITLE 5.1 TITLE **NEWMAN, ARLENE** Bougae, Arthur 2615 Iroquois Circle 5.2 NAME NAME

6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 changed, or on an attachment with an address.

5.3 STREET ADORESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE: Prike P. Lougae Erika Bougae

2850 FARRAGUT LANE

WEST PALM BEACH FL

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

4/25/96

West Palm Beach, F1.

407-683-8125

Daytime Phone #

Change

Addition

(12/95)CR2E037