


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Jul 10 1998 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N16595 (3)**  
 1. Corporation Name  
**THE VILLAGE OF SARATOGA POINTE HOMEOWNERS ASSOCIATION, INC.**  
*Lost in Mail - Resubmitted*

Principal Place of Business 2845 NORTH MILITARY TRL. #15 WEST PALM BEACH FL 33409-2955	Mailing Address 2845 NORTH MILITARY TRL. #15 WEST PALM BEACH FL 33409-2955
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3. Date Incorporated or Qualified 09/02/1986	
4. FEI Number 59-2715861	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 Ste 8 23 City & State 24 Zip	2a. Mailing Address 26 Suite, Apt. #, etc. 27 Ste 8 28 City & State 29 Zip	25 Country	30 Country
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9. Name and Address of Current Registered Agent DICKER, EDWARD 500 AUSTRALIAN AVE W PALM BCH FL 33401	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD PROCTOR, HUGH ( <input type="checkbox"/> DELETE )	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2980 BURGOWNE LANE	1.2 NAME	
STREET ADDRESS	W PALM BCH FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VPD SPIVACK, LESLIE ( <input type="checkbox"/> DELETE )	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2870 FARRAGUT LANE	2.2 NAME	HUGHES, DONALD
STREET ADDRESS	WEST PALM BEACH FL	2.3 STREET ADDRESS	2845 CUYAHOGA LANE
CITY-ST-ZIP		2.4 CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	PD BOUGAE, ERIKA ( <input type="checkbox"/> DELETE )	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2615 IROQUOIS CIRCLE	3.2 NAME	ELLINS, VICTOR
STREET ADDRESS	WEST PALM BEACH FL	3.3 STREET ADDRESS	2860 CUYAHOGA LN
CITY-ST-ZIP		3.4 CITY-ST-ZIP	WPB
TITLE	D HUGHES, DONALD ( <input checked="" type="checkbox"/> DELETE )	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2845 CUYAHOGA LN	4.2 NAME	SPIVAK, LESLIE
STREET ADDRESS	W PALM BCH FL	4.3 STREET ADDRESS	2870 FARRAGUT LANE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	WPB FL
TITLE	SD BOUGAE, ARTHUR ( <input type="checkbox"/> DELETE )	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2615 IROQUOIS CIRCLE	5.2 NAME	SIEFERT TERESA
STREET ADDRESS	WEST PALM BEACH FL	5.3 STREET ADDRESS	2865 CUYAHOGA LN
CITY-ST-ZIP		5.4 CITY-ST-ZIP	WPB
TITLE	( <input type="checkbox"/> DELETE )	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	600002585566
STREET ADDRESS		6.3 STREET ADDRESS	-07/10/98--01082--022
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***61.25

14. 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 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Victor Ellins* Date: *7/1/98* (561) 928-2158

CR2E037 (5/98)