

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90012 017 ****61.25

DOCUMENT # N16595

1. Entity Name

THE VILLAGE OF SARATOGA POINTE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

11380 PROSPERITY FARMS ROAD
 #112
 PALM BEACH GARDENS FL 33410

P.O. BOX 32907
 PALM BEACH GARDENS FL 33420

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2715861

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DICKER, EDWARD
500 AUSTRALIAN AVENUE SOUTH
CLEARLAKE PLAZA #600
WEST PALM BEACH FL 33401

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **PD ELLINS, VICTOR**
 STREET ADDRESS **2860 CUYAHOGA LANE**
 CITY-ST-ZIP **WEST PALM BEACH FL 33409**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD HUGHES, DONALD**
 STREET ADDRESS **2845 CUYAHOGA LANE**
 CITY-ST-ZIP **WEST PALM BEACH FL 33409**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD PROCTOR, HUGH (SKIP) JR.**
 STREET ADDRESS **2880 BURGHOYNE LANE**
 CITY-ST-ZIP **WEST PALM BEACH FL 33409**

TITLE Change Addition
 NAME **BUSCH, ROBERT**
 STREET ADDRESS **2875 FARRAGUT LANE**
 CITY-ST-ZIP **WEST PALM BEACH, FL 33409**

TITLE Delete
 NAME **SD SIEFERT, TERESA**
 STREET ADDRESS **2885 CUYAHOGA LANE**
 CITY-ST-ZIP **WEST PALM BEACH FL 33409**

TITLE Change Addition
 NAME **D PETERSON, ROBERT**
 STREET ADDRESS **2515 IROQUOIS CIRCLE**
 CITY-ST-ZIP **WEST PALM BEACH, FL 33409**

TITLE Delete
 NAME **D HILL, SHARON**
 STREET ADDRESS **2885 CUYAHOGA LANE**
 CITY-ST-ZIP **WEST PALM BEACH FL 33409**

TITLE Change Addition
 NAME **SD HILL, SHARON**
 STREET ADDRESS **2885 CUYAHOGA LN.**
 CITY-ST-ZIP **WEST PALM BEACH, FL 33409**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

SIGNATURE REQUIRED

2-1-02 (561) 478-2158

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)