

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90021 039 ****61.25

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04062007 Chg-NP CR2E037 (12/06)

DOCUMENT # N16595					
1. Entity Name THE VILLAGE OF SARATOGA POINTE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 11380 PROSPERITY FARMS ROAD #112 PALM BEACH GARDENS, FL 33410			Mailing Address P.O. BOX 32907 PALM BEACH GARDENS, FL 33420		
2. Principal Place of Business - No P.O. Box # 8409 N. Military Trail			3. Mailing Address		
Suite, Apt. #, etc. Ste 119			Suite, Apt. #, etc.		
City & State Palm Beach Gardens, FL			City & State		
Zip 33410		Country USA		4. FEI Number 59-2715861	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ELLINS, VICTOR		NAME		
STREET ADDRESS	2860 CUYAHOGA LANE		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33409		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HUGHES, DONALD		NAME		
STREET ADDRESS	2845 CUYAHOGA LANE		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33409		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BUSCH, ROBERT		NAME		
STREET ADDRESS	2875 FARRAGUT LN		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33409		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PETERSON, ROBERT		NAME		
STREET ADDRESS	2515 IROQUOIS CR		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33409		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HILL, SHARON		NAME		
STREET ADDRESS	2885 CUYAHOGA LANE		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33409		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Victor Ellins</i>			<i>Victor Ellins, President 4/9/07</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #