

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ORIGINAL
 Jan 31, 2008 08:00 AM
 Secretary of State

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| DOCUMENT # N16595 | |
| 1. Entity Name THE VILLAGE OF SARATOGA POINTE HOMEOWNERS ASSOCIATION, INC. | |



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| Principal Place of Business 8409 N. MILITARY TRAIL STE #119 PALM BEACH GARDENS, FL 33410 | Mailing Address P.O. BOX 32907 PALM BEACH GARDENS, FL 33420 |
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01222008 No Chg-NP CR2E037 (4/06)

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| 4. FEI Number 59-2715861 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent DICKER, EDWARD 500 AUSTRALIAN AVENUE SOUTH CLEARLAKE PLAZA #600 WEST PALM BEACH, FL 33401 |
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ELLINS, VICTOR 2860 CUYAHOGA LANE WEST PALM BEACH, FL 33409 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD HUGHES, DONALD 2845 CUYAHOGA LANE WEST PALM BEACH, FL 33409 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD BUSCH, ROBERT 2875 FARRAGUT LN WEST PALM BEACH, FL 33409 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PETERSON, ROBERT 2515 IROQUOIS CR WEST PALM BEACH, FL 33409 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD HILL, SHARON 2885 CUYAHOGA LANE WEST PALM BEACH, FL 33409 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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 02/08/08-80015-011 61.25

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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: Victor Ellins **VICTOR Ellins, President** 1/28/08 561-478-2158
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #