

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N18981 (3)**  
1. Corporation Name  
**SARATOGA BAY HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business: **900 E INDIANTOWN RD. SUITE 210 P.O. BOX 4316 TEQUESTA FL 33469**  
Mailing Address: **P O BOX 4316 TEQUESTA FL 33469 US**

3. Date Incorporated or Qualified: **01/28/1987**  
3a. Date of Last Report: **04/05/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	<b>59-2761224</b>	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
23	28		
Zip	Country		
24	25		
Zip	Country		
29	30		

**9. Name and Address of Current Registered Agent**

**CAMPBELL, THERESA A.  
900 E INDIANTOWN RD, SUITE 210  
JUPITER FL 33477**

**10. Name and Address of New Registered Agent**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<b>PD</b>
NAME	<b>JOSEPH, DONALD</b>	1.2 NAME	<b>WILLIAM ROWE</b>
STREET ADDRESS	<b>2406 SRATOGA BAY DR</b>	1.3 STREET ADDRESS	<b>2342 SARATOGA BAY DRIVE</b>
CITY-ST-ZIP	<b>W PALM BCH FL</b>	1.4 CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>
TITLE	<b>TD</b>	2.1 TITLE	<b>STD</b>
NAME	<b>BRYSON, CAROLYN</b>	2.2 NAME	
STREET ADDRESS	<b>2316 SARASOTA BAY DR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>SD</b>	3.1 TITLE	
NAME	<b>HARSHBARGER, JAMES</b>	3.2 NAME	
STREET ADDRESS	<b>2272 SARATOGA BAY DR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>W PALM BCH FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VPD</b>	4.1 TITLE	
NAME	<b>DYESS, GERALD</b>	4.2 NAME	
STREET ADDRESS	<b>2366 SARASOTA BAY DR</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<b>D</b>
NAME		5.2 NAME	<b>NICHOLAS CAMPANINI</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>2357 OAK TREE LANE</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>WPB FL</b>
TITLE		6.1 TITLE	<b>D</b>
NAME		6.2 NAME	<b>WILLIAM DOOLEY</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>2292 SARATOGA BAY DR</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>WPB FL</b>

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

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Carolyn Bryson*  
**CAROLYN BRYSON**

DATE

**3/12/96**

DAYTIME PHONE #

**407-747-2355**

CR2E037 (12/95)