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Mar 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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 Mailing Address

**900 E INDIANTOWN RD. SUITE 210
P.O. BOX 4316
TEQUESTA FL 33469**

**P O BOX 4316
TEQUESTA FL 33469-9316
US**

3. Date Incorporated or Qualified **01/28/1987** 3a. Date of Last Report **03/19/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 2615 Mohawk Circle	26 2919-E N. Military Trail	59-2761224	Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 W. Palm Beach, FL	28 W. Palm Beach, FL	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip 33409-7138 25. Country USA	29. Zip 33409-2922 30. Country USA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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 John D. Cates
82 Street Address (P.O. Box Number is Not Acceptable) 2615 Mohawk Circle
83
84 City W. Palm Beach FL 85 Zip Code 33409-7138

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 *John D. Cates* **John D. Cates** **3/7/97**
Signature typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROWE, WILLIAM	
STREET ADDRESS	2342 SARATOGA BAY DRIVE	
CITY - ST - ZIP	WEST PALM BEACH FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	BRYSON, CAROLYN	
STREET ADDRESS	2316 SARASOTA BAY DR	
CITY - ST - ZIP	WEST PALM BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DOOLEY, WILLIAM	
STREET ADDRESS	2292 SARATOGA BAY DRIVE	
CITY - ST - ZIP	WEST PALM BEACH FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	DYESS, GERALD	
STREET ADDRESS	2366 SARASOTA BAY DR	
CITY - ST - ZIP	WEST PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CAMPANINI, NICHOLAS	
STREET ADDRESS	2357 OAK TREE LANE	
CITY - ST - ZIP	WEST PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BRYSON, CAROLYN	
2.3 STREET ADDRESS	2316 SARATOGA BAY DR.	
2.4 CITY - ST - ZIP	WEST PALM BEACH, FL	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MENNINGMANN, GERHARD	
3.3 STREET ADDRESS	2290 SARATOGA BAY DRIVE	
3.4 CITY - ST - ZIP	W. PALM BEACH, FL.	
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JERRY M. WADE II	
4.3 STREET ADDRESS	2266 Saratoga Bay Dr.	
4.4 CITY - ST - ZIP	WEST PALM BEACH, FL	
5.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	CAMPANINI, NICHOLAS	
5.3 STREET ADDRESS	2357 OAK TREE LANE	
5.4 CITY - ST - ZIP	WEST PALM BEACH, FL	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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: *William M. Rowe* **WILLIAM M. ROWE** **3/7/97** **(561) 689-1275**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0044272

CR2E037 (9/96)