


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

**FILED**

**Mar 24 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N18981 (3)**  
1. Corporation Name  
**SARATOGA BAY HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>2615 MOHAWK CIR SUITE 150 W PALM BCH FL 33409 US</b>	Mailing Address <b>2919-E N MILITARY TRAIL SUITE 150 W PALM BCH FL 33409 US</b>
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3. Date Incorporated or Qualified <b>01/28/1987</b>	Applied For Not Applicable
4. FEI Number <b>59-2761224</b>	
6. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent  
**JOHN D CATES  
2615 MOHAWK CIR  
W PALM BCH FL 33409**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
**FL**

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 \_\_\_\_\_ (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> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>PD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ROWE, WILLIAM</b>	1.2 NAME	<b>TERRANOVA, JOANN</b>
STREET ADDRESS	<b>2342 SARTOGA BAY DRIVE</b>	1.3 STREET ADDRESS	<b>2360 OAK TREE LANE</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	1.4 CITY-ST-ZIP	<b>WEST PALM BEACH FL 33409</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>VPD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MENNINGMANN GERHARD</b>	3.2 NAME	<b>MENNINGMANN, GERHARD</b>
STREET ADDRESS	<b>2290 SARATOGA BAY DR</b>	3.3 STREET ADDRESS	<b>2290 SARATOGA BAY DR.</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	3.4 CITY-ST-ZIP	<b>WEST PALM BEACH, FL</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JERRY M WADE II</b>	4.2 NAME	
STREET ADDRESS	<b>2288 SARATOGA BAY DR</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VPD</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CAMPANINI, NICHOLAS</b>	5.2 NAME	<b>TEUFEL, JANICE</b>
STREET ADDRESS	<b>2357 OAK TREE LANE</b>	5.3 STREET ADDRESS	<b>2282 SARATOGA BAY DR.</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	5.4 CITY-ST-ZIP	<b>WEST PALM BEACH, FL</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: *[Signature]* 3-11-98 561-686-3697

CR2E037 (10/97)