FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

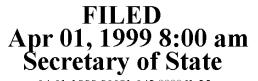
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N18981

1. Corporation Name

SARATOGA BAY HOMEOWNERS ASSOCIATION, INC.

NMILITARY TRAIL 50 BCH FL 33409



04-01-1999 90081 042 ****61.25



2. Principal Pl	ace of Business	2a. Mailing Address	a. Mailing Address		3. Date Incorporated or Qu	alifed			
1 26		26	26		01/28/1987		·		
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.				4. FEI Number		<u> </u>	lied For	
22	27			-	59-2761224	~~~ ·~		Applicable	
City & State City & State					5. Certifcate of Status Des	ired 🔲	\$8.75 Ac Fee Req		
Zip					6. Election Campaign Fina	ncing _	\$5.00 N	Лау Ве	
24	25 29			Trust Fund Contribution Added to			Fees		
	9. Name and Address of Current	_ 			10. Name and Address of	New Registered	Agent		
			81	Name					
IOUN D CATEC				82 Street Address (P.O. Box Number is Not Acceptable)					
JOHN D CATES				62 Street Address (P.O. Box Number is Not Acceptable)					
2615 MOHAWK CIR									
W PALM BCH FL 33409				City					
	•					FL	85 Zip C	oge	
11 Dumu	to the provisions of Sections 617.0502	and 617 1508 Florida Statutes	the above	-named co	progration submits this statement	for the purpose of	changing its r	egistered	
office or r	to the provisions of Sections 617.0502 egistered agent, or both, in the State o m familiar with, and accept the obligation	t Florida. Such change was auto	iorizea dv	ine comora	ation's board of directors. I hereby	accept the appo	intment as reg	istered	
SIGNATURE						DATE			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re				t signature requ	uired when reinstating) ADDITIONS/CHANGES		ND DIRECTOR	RS IN 12	
12.		DELETE	13. 1.1 TITLE	-	7,657,7,611,61		["] Change	Addition	
TITLE	PD TERROLANDA IOANIA			1				_	
NAME	TERRANOVA, JOANN		1.2 NAME			•			
STREET ADDRESS	1			ADDRESS			•		
CITY-ST-ZIP	112011111111111111111111111111111111111			r-zip		:	☐ Change	Addition	
TITLE	SD	☐ DELETE	2.1 TITLE				Change	Addition	
NAME	i bittoon, oanoch		2.2 NAME						
STREET ADDRESS	2316 SARASOTA BAY DR	•	2.3 STREET	ADDRESS			_		
CITY-ST-ZIP	WEST PALM BEACH FL		2:4 CITY-S	T-ZIP		+15 +1 +1		Addition	
πιĘ	VPD	▼ DELETE	3.1 TITLE		VPD.		Change	Kri waginou	
NAME	Menningmann Gerhard		3.2 NAME		DIMAGGIO, CARMELO				
STREET ADDRESS	2290 SARATOGA BAY DR		3.3 STREET		2340 SARATOGA BAY				
CITY-ST-ZIP	WEST PALM BEACH FL		3.4. CITY-S	T-ZIP	WEST PALM BEACH FI	<u>. 33409 </u>			
TITLE	ΤΟ	☐ DELETE	4.1 TITLE				Change	☐ Addition	
NAME	JERRY M WADE II		4. 2 NAME			-	i		
STREET ADDRESS	2266 SARATOGA BAY DR		4.3 STREET	ADDRESS					
CITY-ST-ZIP	WEST PALM BEACH FL	•	4.4 CITY-S	Γ∙ZI P		·			
TITLE	D	☐ DELETE	5.1 TITLE				☐ Change	Addition	
NAME	TEUFEL, JANICE		5.2 NAME						
STREET ADDRESS	2282 SARATOGA BAY DR		5.3 STREET	ADDRESS					
CITY-ST-ZIP	WEST PALM BEACH FL 54C			r-zip	· .		• .		
TITLE		☐ DELETE	6.1 TITLE	ĺ			Change	☐ Addition	
NAME			6.2 NAME				•		
STREET ADDRESS			6.3 STREET	ADDRESS					
CITY-ST-ZIP	-		6.4 CITY-S	T-ZIP					
14. I hereby	l certify that the information supplied with	this filing does not qualify for the			n Section 119.07(3)(i), Florida Sta	atutes. I further ce	rtify that the in	formation	

• 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 by the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Reck 13 or Ricck 13 if chapted on an attachment with an address with all other like appropriate.

SIGNATURE

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-99 (561) 686-3697

Daytime Phone #

(40/1/1/00)