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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N18981

1. Corporation Name

SARATOGA BAY HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

2615 MOHAWK CIR
 SUITE 150
 W PALM BCH FL 33409
 US

Mailing Address

2919-E N MILITARY TRAIL
 SUITE 150
 W PALM BCH FL 33409
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	01/28/1987	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Country	59-2761224	
24	Country	29	Country	Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

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	85	Zip Code
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD TERRANOVA, JOANN	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2360 OAK TREE LANE	1.2 NAME	
STREET ADDRESS	WEST PALM BEACH FL 33409	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	SD BRYSON, CAROLYN	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2316 SARASOTA BAY DR	2.2 NAME	
STREET ADDRESS	WEST PALM BEACH FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VPD MENNINGMANN GERHARD	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2290 SARATOGA BAY DR	3.2 NAME	
STREET ADDRESS	WEST PALM BEACH FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD JERRY M WADE II	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2266 SARATOGA BAY DR	4.2 NAME	
STREET ADDRESS	WEST PALM BEACH FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D TEUFEL, JANICE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2282 SARATOGA BAY DR	5.2 NAME	
STREET ADDRESS	WEST PALM BEACH FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE: *Joanna Terranova* 3-2-99 (561) 686-3697
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)