
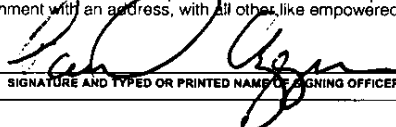



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90059 025 ****61.25

DOCUMENT # N18981			
1. Entity Name SARATOGA BAY HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 2380 SARATOGA BAY DR. WEST PALM BEACH, FL 33409 US		Mailing Address P.O. BOX 220656 W PALM BEACH, FL 33422 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GELFAND, MICHAEL J ESQ. GELFAND & ARPE, P.A. 1555 PALM BEACH LAKES BLVD., SUITE 1220 WEST PALM BEACH, FL 33401-2329		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VD <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	UDELHOFEN, SUSAN	NAME	Ellington, Richard
STREET ADDRESS	2393 SARATOGA BAY DR	STREET ADDRESS	2306 Bear Pointe
CITY-ST-ZIP	WEST PALM BEACH, FL 33409	CITY-ST-ZIP	West Palm Beach. FL 33409
TITLE	PD <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AZZURRO, PAUL	NAME	Menningmann, Gerhard
STREET ADDRESS	2363 OAK TREE LANE	STREET ADDRESS	2290 Saratoga Bay Drive
CITY-ST-ZIP	WEST PALM BEACH, FL 33409	CITY-ST-ZIP	West Palm Beach, FL 33409
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUBANJA, SAHA	NAME	
STREET ADDRESS	2359 OAK TREE LN	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33409	CITY-ST-ZIP	
TITLE	SD /TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYSON, CAROLYN	NAME	
STREET ADDRESS	2316 SARATOGA BAY DR.	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33409	CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAFTER, CAROL	NAME	
STREET ADDRESS	2304 BEAR POINT	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33409	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		 5617140827	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	