

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18981

FILED
Apr 15, 2009
Secretary of State

Entity Name: SARATOGA BAY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2380 SARATOGA BAY DR.
WEST PALM BEACH, FL 33409 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 220656
W PALM BEACH, FL 33422 US

New Mailing Address:

FEI Number: 59-2761224 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GELFAND, MICHAEL J ESQ.
GELFAND & ARPE, P.A.
1555 PALM BEACH LAKES BLVD., SUITE 1220
WEST PALM BEACH, FL 334012329 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: UDELHOFEN, SUSAN
Address: 2393 SARATOGA BAY DR
City-St-Zip: WEST PALM BEACH, FL 33409

Title: PD () Delete
Name: AZZURRO, PAUL
Address: 2363 OAK TREE LANE
City-St-Zip: WEST PALM BEACH, FL 33409

Title: D () Delete
Name: ELLINGTON, RICHARD
Address: 2306 BEAR POINTE
City-St-Zip: WEST PALM BEACH, FL 33409

Title: SD () Delete
Name: BRYSON, CAROLYN
Address: 2316 SARATOGA BAY DR.
City-St-Zip: WEST PALM BEACH, FL 33409

Title: D () Delete
Name: MENNINGMANN, GERHARD
Address: 290 SARATOGA BAY DRIVE
City-St-Zip: WEST PALM BEACH, FL 33409

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL AZZURRO

PD

04/15/2009

Electronic Signature of Signing Officer or Director

_____ Date