

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738019

Entity Name: SAXONY I ASSOCIATION, INC.**Current Principal Place of Business:**SEACREST SERVICES INC
2101 CENTREPARK WEST DRIVE SUITE 110
WEST PALM BEACH, FL 33409**Current Mailing Address:**SEACREST SERVICES INC
2101 CENTREPARK WEST DRIVE SUITE 110
WEST PALM BEACH, FL 33409 US**FEI Number:** 59-1759730**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SKRLD, INC.
1655 PALM BEACH LAKES BLVD.
C-500
W. PALM BEACH, FL 33401 US*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:** LAURA M MANNING-HUDSON

02/06/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name MARQUEZ, JOAQUIN EDUARDO
Address SEACREST SERVICES INC
 2101 CENTREPARK WEST DRIVE
 SUITE 110
City-State-Zip: WEST PALM BEACH FL 33409

Title TREASURER
Name KULAK, LARISSA
Address SEACREST SERVICES INC
 2101 CENTREPARK WEST DRIVE
 SUITE 110
City-State-Zip: WEST PALM BEACH FL 33409

Title DIRECTOR
Name TOMSKY, SYLVIA
Address SEACREST SERVICES INC
 2101 CENTREPARK WEST DRIVE
 SUITE 110
City-State-Zip: WEST PALM BEACH FL 33409

Title DIRECTOR
Name SCHNEEGURT, ELAINE
Address SEACREST SERVICES INC
 2101 CENTREPARK WEST DRIVE
 SUITE 110
City-State-Zip: WEST PALM BEACH FL 33409

Title VP
Name BARRETO, MAGDALENA
Address SEACREST SERVICES INC
 2101 CENTREPARK WEST DRIVE
 SUITE 110
City-State-Zip: WEST PALM BEACH FL 33409

Title SECRETARY
Name DUKE, MARGARET
Address SEACREST SERVICES INC
 2101 CENTREPARK WEST DRIVE
 SUITE 110
City-State-Zip: WEST PALM BEACH FL 33409

Title DIRECTOR
Name ADLER, DEANNE
Address SEACREST SERVICES INC
 2101 CENTREPARK WEST DRIVE
 SUITE 110
City-State-Zip: WEST PALM BEACH FL 33409

I hereby 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 all other like empowered.

SIGNATURE: JOAQUIN MARQUEZ

PRESIDENT

02/06/2020

