

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738019

Entity Name: SAXONY I ASSOCIATION, INC.**Current Principal Place of Business:**FIRST SERVICE RESIDENTIAL
6300 PARK OF COMMERCE BLVD
BOCA RATON, FL 33487**Current Mailing Address:**FIRST SERVICE RESIDENTIAL
6300 PARK OF COMMERCE BLVD
BOCA RATON, FL 33487 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

01/26/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name TOMSKY, SYLVIA
Address 395 SAXONY I
City-State-Zip: DELRAY BEACH FL 33446

Title VP
Name MARQUEZ, ISABEL
Address 420 SAXONY I
City-State-Zip: DELRAY BEACH FL 33446

Title DIRECTOR
Name SCHNEEGURT, ELAINE
Address 387 SAXONY I
City-State-Zip: DELRAY BEACH FL 33446

Title TREASURER
Name ADLER, DEANNE
Address 430 SAXONY I
City-State-Zip: DELRAY BEACH FL 33446

Title SECRETARY
Name PRICKETT, SANDEE
Address 392 SAXONY I
City-State-Zip: DELRAY BEACH FL 33446

Title DIRECTOR
Name MARCUS, MIMI
Address 414 SAXONY I
City-State-Zip: DELRAY BEACH FL 33446

Title DIRECTOR
Name LEASE, LILA
Address 397 SAXONY I
City-State-Zip: DELRAY BEACH FL 33484

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: SYLVIA TOMSKY

PRESIDENT

01/26/2017

Electronic Signature of Signing Officer/Director Detail

Date