

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738019

Entity Name: SAXONY I ASSOCIATION, INC.**Current Principal Place of Business:**C/O THE CONTINENTAL GROUP
6300 PARK OF COMMERCE BLVD
BOCA RATON, FL 33487**Current Mailing Address:**C/O THE CONTINENTAL GROUP
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.
201 ALHAMBRA CIRCLE 11TH FLOOR
CORAL GABLES, FL 33134 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

04/08/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRES
Name	KORMAN, MURRAY
Address	421 SAXONY I
City-State-Zip:	DELRAY BEACH FL 33446

Title	VP
Name	GOLDMAN, ELIZABETH
Address	424 SAXONY I
City-State-Zip:	DELRAY BEACH FL 33446

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

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

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

Title	D
Name	MARGILLO, WILLIAM
Address	408 SAXONY I
City-State-Zip:	DELRAY BEACH FL 33446

Title	DIRECTOR
Name	GIRSHEK, GERI
Address	388 SAXONY I
City-State-Zip:	DELRAY BEACH FL 33446

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: MURRAY KORMAN

PRES.

04/08/2014

Electronic Signature of Signing Officer/Director Detail

Date