

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 739244

**Entity Name:** SAXONY CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Feb 02, 2015**  
**Secretary of State**  
**CC4469529797**

**Current Principal Place of Business:**

JMD PROPERTIES INC  
904 SE 5TH AVE.  
DELRAY BEACH, FL 33483

**Current Mailing Address:**

JMD PROPERTIES INC  
904 SE 5TH AVE.  
DELRAY BEACH, FL 33483 US

**FEI Number: 59-1756728**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LICHTEN, ELINOR  
215 SAXONY E  
DELRAY BEACH, FL 33446 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title SD  
Name WAGNER, BARBARA  
Address 143 SAXONY C  
City-State-Zip: DELRAY BEACH FL 33446

Title PD  
Name LICHTEN, ELINOR  
Address 215 SAXONY E  
City-State-Zip: DELRAY BEACH FL 33446

Title 2VPD  
Name CRISCUOLO, CHRIS  
Address 456 SAXONY J  
City-State-Zip: DELRAY BEACH FL 33446

Title VPD  
Name SENOFF, BARRY  
Address 294 SAXONY G  
City-State-Zip: DELRAY BEACH FL 33446

Title TD  
Name COOPER, BARBARA  
Address 55 SAXONY B  
City-State-Zip: DELRAY BEACH FL 33446

Title ASTD  
Name MEREMS, SANDRA  
Address 452 SAXONY J  
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: ELINOR LICHTEN**

**PRESIDENT**

**02/02/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date