

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N0100003010

**Entity Name:** SATURNIA LAKES HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Mar 21, 2024**  
**Secretary of State**  
**5358875133CC**

**Current Principal Place of Business:**

SATURNIA LAKES HOA, INC.  
1310 SATURNIA GRANDE DRIVE  
NAPLES, FL 34119

**Current Mailing Address:**

C/O PRECEDENT HOSPITALITY & PROPERTY MANAGEMENT  
3001 EXECUTIVE DRIVE., SUITE 260  
CLEARWATER, FL 33762 US

**FEI Number: 65-1100271**

**Certificate of Status Desired: No**

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

BARE, JOSEPH A  
VARNUM LLP  
999 VANDERBILT BEACH ROAD SUITE 300  
NAPLES, FL 34108 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: JOSEPH A. BARE**

**03/21/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name RIVERASOTO, NELSON  
Address C/O PRECEDENT HOSPITALITY & PROPERTY MANAGEMENT  
3001 EXECUTIVE DRIVE., SUITE 260  
City-State-Zip: CLEARWATER FL 33762

Title SECRETARY  
Name VEKSLER, DIANA  
Address C/O PRECEDENT HOSPITALITY & PROPERTY MANAGEMENT  
3001 EXECUTIVE DRIVE., SUITE 260  
City-State-Zip: CLEARWATER FL 33762

Title TREASURER  
Name GLOTH, DAVID  
Address C/O PRECEDENT HOSPITALITY & PROPERTY MANAGEMENT  
3001 EXECUTIVE DRIVE., SUITE 260  
City-State-Zip: CLEARWATER FL 33762

Title VP  
Name MCEWAN, ROBERT  
Address C/O PRECEDENT HOSPITALITY & PROPERTY MANAGEMENT  
3001 EXECUTIVE DRIVE., SUITE 260  
City-State-Zip: CLEARWATER FL 33762

Title PRESIDENT  
Name ADAMS, KAITLYN  
Address C/O PRECEDENT HOSPITALITY & PROPERTY MANAGEMENT  
3001 EXECUTIVE DRIVE., SUITE 260  
City-State-Zip: CLEARWATER FL 33762

*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: ADAMS , KAITLYN**

**PRESIDENT**

**03/21/2024**

Electronic Signature of Signing Officer/Director Detail

Date