

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16595

**Entity Name:** THE VILLAGE OF SARATOGA POINTE HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Mar 26, 2016**  
**Secretary of State**  
**CC4001158528**

**Current Principal Place of Business:**

8409 N. MILITARY TRAIL  
STE #119  
PALM BEACH GARDENS, FL 33410

**Current Mailing Address:**

P.O. BOX 32907  
PALM BEACH GARDENS, FL 33420

**FEI Number: 59-2715861**

**Certificate of Status Desired: No**

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

DICKER, EDWARD  
1818 AUSTRALIAN AVENUE SOUTH  
SUITE 400  
WEST PALM BEACH, FL 33409 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 PD  
Name ELLINS, VICTOR  
Address 2860 CUYAHOGA LANE  
City-State-Zip: WEST PALM BEACH FL 33409

Title VD  
Name HUGHES, DONALD  
Address 2845 CUYAHOGA LANE  
City-State-Zip: WEST PALM BEACH FL 33409

Title TD  
Name BUSCH, ROBERT  
Address 2875 FARRAGUT LN  
City-State-Zip: WEST PALM BEACH FL 33409

Title D  
Name PETERSON, ROBERT  
Address 2515 IROQUOIS CR  
City-State-Zip: WEST PALM BEACH FL 33409

Title SD  
Name HILL, SHARON  
Address 2885 CUYAHOGA LANE  
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: VICTOR ELLINS**

**PD**

**03/26/2016**

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

\_\_\_\_\_  
Date