

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18981

**Entity Name:** SARATOGA BAY HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2380 SARATOGA BAY DR.  
WEST PALM BEACH, FL 33409

**Current Mailing Address:**

P.O. BOX 220656  
W PALM BEACH, FL 33422 US

**FEI Number: 59-2761224**

**Certificate of Status Desired: No**

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

GELFAND, MICHAEL JESQ.  
GELFAND & ARPE, P.A.  
1555 PALM BEACH LAKES BLVD., SUITE 1220  
WEST PALM BEACH, FL 33401-2329 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 T  
Name VAN BOURGONDIEN, JOHN  
Address 2356 SARATOGA BAY DR  
City-State-Zip: WEST PALM BEACH FL 33409

Title PD  
Name AZZURRO, PAUL  
Address 2363 OAK TREE LANE  
City-State-Zip: WEST PALM BEACH FL 33409

Title SD, VPD  
Name D'AMORE, BLANCHE  
Address 2371 OAK TREE LANE  
City-State-Zip: WEST PALM BEACH FL 33409

Title DIRECTOR  
Name YASSINE, ALI A.  
Address 2275 SARATOGA BAY DRIVE  
City-State-Zip: WEST PALM BEALC FL 33409

Title DIRECTOR  
Name CARLISLE, SUSAN  
Address 2393 SARATOGA BAY DRIVE  
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: PAUL AZZURRO**

**PRESIDENT**

**03/11/2020**

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

\_\_\_\_\_  
Date