FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **429758** **(6)**

1. Corporation Name
AMREP SARATOGA SQUARE HOMES, INC.

Principal Place of Business
2300 ECON CIR
ORLANDO FL 32817
US

Mailing Address
PO BOX 677639
ORLANDO FL 32867-7639
US

3. Date Incorporated or Qualified: **07/03/1973**
3a. Date of Last Report: **07/30/1996**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: **13-2799732** Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
SCHNEIDER, ARTHUR J.
2300 ECON CIRCLE
ORLANDO FL 32817

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	SCHULTZ, HARVEY W	
STREET ADDRESS	641 LEXINGTON AVENUE, 6TH FLOOR	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VDT	☐ DELETE
NAME	VACHANI, MOHAN	
STREET ADDRESS	641 LEXINGTON AVE., 6TH FL	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	☐ DELETE
NAME	WALL, JAMES	
STREET ADDRESS	333 RIO RANCHO DR NE	
CITY-ST-ZIP	RIO RANDO NM	
TITLE	S	XX DELETE
NAME	MURAS, ISABELLE	
STREET ADDRESS	641 LEXINGTON AVE., 6TH FL	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VP	☐ DELETE
NAME	HOLSTEIN, MARTHA	
STREET ADDRESS	641 LEXINGTON AVE., 6TH FL	
CITY-ST-ZIP	NEW YORK NY	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	S	XX Change ☐ Addition
4.2 NAME	Hicks, Judith	
4.3 STREET ADDRESS	641 Lexington Ave., 6th FL	
4.4 CITY-ST-ZIP	New York, NY	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jamee Wall Director 3/7/97 (505) 892-9200