

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90413 039 *****61.25

DOCUMENT # 738528

1. Entity Name

SARATOGA HARBOR PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business

RIVER RD.
P.O. BOX 366
SATSUMA FL 32189

Mailing Address

RIVER RD.
P.O. BOX 366
SATSUMA FL 32189

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2833420

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARTER, JANICE E.
319 SARATOGA DR.
SATSUMA FL 32189**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **CARTER, JANICE E.**
CITY-ST-ZIP **319 SARATOGA DR.
SATSUMA FL 32189**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **CARTER, DANIEL L.**
CITY-ST-ZIP **319 SARATOGA DR.
SATSUMA FL 32189**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **SAUNDERS, ROBERT**
CITY-ST-ZIP **111 SARATOGA DR.
SATSUMA FL 32189**

TITLE ☐ Change ☒ Addition
NAME **DON WILLIAMS**
STREET ADDRESS **110 River Rd.**
CITY-ST-ZIP **Satsuma FL 32189**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **COLLINS, BILL**
CITY-ST-ZIP **BOX 608 SARATOGA DR
SATSUMA FL 32189**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **WILLIAMS, JEAN**
CITY-ST-ZIP **107 RIVER RD.
SATSUMA FL 32189**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **WALDROP, VAN**
CITY-ST-ZIP **HCR1 BOX 179
SATSUMA FL 32189**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Janice E. Carter* **JANICE E. CARTER** 4-13-06 904-237-1881