

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738528

FILED
Apr 01, 2009
Secretary of State

Entity Name: SARATOGA HARBOR PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

130 RIVER RD>
SATSUMA, FL 32189

Current Mailing Address:

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

New Mailing Address:

P.O. BOX 366
SATSUMA, FL 32189

FEI Number: 59-2833420

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: CARTER, JANICE E.,
Address: 319 SARATOGA DR.
City-St-Zip: SATSUMA, FL 32189

Title: P () Delete
Name: CARTER, DANIEL L.,
Address: 319 SARATOGA DR.
City-St-Zip: SATSUMA, FL 32189

Title: D () Delete
Name: WILLIAMS, DON
Address: 110 RIVER RD
City-St-Zip: SATSUMA, FL 32189

Title: D () Delete
Name: COLLINS, BILL
Address: BOX 608 SARATOGA DR
City-St-Zip: SATSUMA, FL 32189

Title: T () Delete
Name: WILLIAMS, JEAN
Address: 107 RIVER RD.
City-St-Zip: SATSUMA, FL 32189

Title: D (X) Delete
Name: WALDROP, VAN
Address: HCR1 BOX 179
City-St-Zip: SATSUMA, FL 32189

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MORRISON, DAVID
Address: 201 SARATOGA DR.
City-St-Zip: SATSUMA, FL 32189

Title: D (X) Change () Addition
Name: WILLIAMS, JEAN
Address: 107 RIVER RD.
City-St-Zip: SATSUMA, FL 32189

Title: D (X) Change () Addition
Name: WOODY, JAMES T
Address: 305 SARATOGA DRIVE
City-St-Zip: SATSUMA, F 32189

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JANICE E. CARTER

S

04/01/2009

Electronic Signature of Signing Officer or Director

Date