# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 10 PM 2:02

DOCUMENT # 766945 (0)

1. Corporation Name

SAXON WOODS CONDOMINIUM ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| % SOUTHEAST CONDO MANAGEMENT<br>2085 UNIVERSITY DR<br>CORAL SPRINGS FL 33065<br>US | % SOUTHEAST CONDO MANAGEMENT<br>2085 UNIVERSITY DR<br>CORAL SPRINGS FL 33065<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/11/1983
3a. Date of Last Report: 03/24/1994
4. FEI Number: 59-2491568 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

SOUTHEAST CONDOMINIUM MANAGEMENT
2085 UNIVERSITY DR
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name: SPECTOR, ARTHUR
82 Street Address (P.O. Box Number is Not Acceptable): 2065 CORAL RIDGE DR.
83
84 City: CORAL SPRINGS FL 85 Zip Code: 33071

11. Pursuant to the provisions of Sections 607.0505 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 _____ 2/7/95
Signature, typed name and title of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | GRACE, MARGARET | 1.2 NAME | |
| STREET ADDRESS | 2005 CORAL RIDGE DR#S103 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | CORAL SPGS. FL | 1.4 CITY-ST-ZIP | |
| TITLE | VPD | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | KEMBER, HARRY | 2.2 NAME | |
| STREET ADDRESS | 2073 CORAL RIDGE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | CORAL SPGS, FL 00000 | 2.4 CITY-ST-ZIP | |
| TITLE | PD | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | SPECTOR, A | 3.2 NAME | |
| STREET ADDRESS | 2065 CORAL RIDGE DR | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | CORAL SPGS. FL | 3.4 CITY-ST-ZIP | |
| TITLE | TD | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | ASCHAR, SHARA | 4.2 NAME | |
| STREET ADDRESS | 2021 CORAL RIDGE DR | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | CORAL SPRINGS FL | 4.4 CITY-ST-ZIP | |
| TITLE | D | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | HOWLEY, PETER | 5.2 NAME | |
| STREET ADDRESS | 2093 CORAL RIDGE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | CORAL SPRINGS FL | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** _____ 2/7/95 305-974-2401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DIRECTOR OR OFFICER — Date — Daytime Phone #

0006616