

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # 766945 (0)
1. Corporation Name
SAXON WOODS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% SOUTHEAST CONDO MANAGEMENT
2085 UNIVERSITY DR
CORAL SPRINGS FL 33065
US% SOUTHEAST CONDO MANAGEMENT
2085 UNIVERSITY DR
CORAL SPRINGS FL 33071-6132
US3. Date Incorporated or Qualified
02/11/19833a. Date of Last Report
03/06/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number
59-2491568Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROER, EDWIN
2025 CORAL RIDGE DRIVE
CORAL SPRINGS FL 33071

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 617.0502 and 617.1508, 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 617.0503, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TD ☐ DELETE
NAME GRACE, MARGARET
STREET ADDRESS 2005 CORAL RIDGE DR#S103
CITY-ST-ZIP CORAL SPGS. FL11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIPTITLE VD ☒ DELETE
NAME SPECTOR, A
STREET ADDRESS 2085 CORAL RIDGE DR
CITY-ST-ZIP CORAL SPGS. FL21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIPTITLE SD ☒ DELETE
NAME ASCHAR, SHARA
STREET ADDRESS 2021 CORAL RIDGE DR
CITY-ST-ZIP CORAL SPRINGS FL31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIPTITLE PD ROER ☐ DELETE
NAME EDWIN, ROGER
STREET ADDRESS 2025 CORAL RIDGE DR
CITY-ST-ZIP CORAL SPRINGS FL 3302141 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP51 TITLE ☐ Change ☒ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0026084

CR2E037 (9/96)