

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766945

1. Entity Name

SAXON WOODS CONDOMINIUM ASSOCIATION, INC.

FILED

May 27, 2002 8:00 am
Secretary of State

05-27-2002 90424 027 ****61.25

0020213

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 33065 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-2491568	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOUTHEAST CONDOMINIUM MANAGMENT
2085 UNIVERSITY DR
CORAL SPRINGS FL 33071

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.

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

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
VD	SPECTOR, A	2065 CORAL RIDGE DR	CORAL SPGS. FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	INGA, WILEY	2027 CORAL RIDGE DR	CORAL SPRINGS FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	RAMOS, RAMON	CORAL RIDGE DR	CORAL SPRINGS FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 in this 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 or 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 not with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIRECTOR 5/1/02

Date

Daytime Phone

CP2E037 (9/01)