

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90030 023 ****61.25

| | | | | | |
|--|----------------------------------|---|---|--|--|
| DOCUMENT # 766945 1. Entity Name SAXON WOODS CONDOMINIUM ASSOCIATION, INC. | | | | | |
| Principal Place of Business SOUTHEAST CONDO MANAGEMENT 2855 N. UNIVERSITY DR STE 310 CORAL SPRINGS, FL 33065 US | | | Mailing Address SOUTHEAST CONDO MANAGEMENT 2855 N. UNIVERSITY DR STE 310 CORAL SPRINGS, FL 33065 US | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-2491568 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| TUCKER & TIGHE P.A. 800 E BROWARD BLVD SUITE 710 FORT LAUDERDALE, FL 33301 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City | |
| 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. | | | | State FL Zip Code | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | TD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | SPECTOR, ERIC | | NAME | | |
| STREET ADDRESS | 2095 CORAL RIDGE DR N 308 | | STREET ADDRESS | | |
| CITY-ST-ZIP | CORAL SPRINGS, FL 33071 | | CITY-ST-ZIP | | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | RICHARDSON, JOHN | | NAME | | |
| STREET ADDRESS | 2069 CORAL RIDGE DR N 203 | | STREET ADDRESS | | |
| CITY-ST-ZIP | CORAL SPRINGS, FL 33071 | | CITY-ST-ZIP | | |
| TITLE | VPD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | ECHEVERRIA, DEBORAH | | NAME | | |
| STREET ADDRESS | 2065 CORAL RIDGE DR 5301 | | STREET ADDRESS | | |
| CITY-ST-ZIP | CORAL SPRINGS, FL 33071 | | CITY-ST-ZIP | | |
| TITLE | SD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | PAYTON, SARAH | | NAME | | |
| STREET ADDRESS | 2033 CORAL RIDGE DR 5301 | | STREET ADDRESS | | |
| CITY-ST-ZIP | CORAL SPRINGS, FL 33071 | | CITY-ST-ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | WILLIAMS, JAMES | | NAME | | |
| STREET ADDRESS | 2017 CORAL RIDGE DR | | STREET ADDRESS | | |
| CITY-ST-ZIP | CORAL SPRINGS, FL 33071 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <i>John Richardson, Jr.</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date 3/24/08 Daytime Phone # 7542249555 | | |