## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#766945** 

FILED Mar 13, 2009 Secretary of State

Entity Name: SAXON WOODS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

SOUTHEAST CONDO MANAGEMENT 2855 N. UNIVERSITY DR STE 310 CORAL SPRINGS, FL 33065 US

Current Mailing Address: New Mailing Address:

SOUTHEAST CONDO MANAGEMENT 2855 N. UNIVERSITY DR STE 310 CORAL SPRINGS, FL 33065 US

FEI Number: 59-2491568 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TUCKER & TIGHE P.A. 800 E BROWARD BLVD SUITE 710 FORT LAUDERDALE, FL 33301 US

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:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Name:
 SPECTOR, ERIC
 Name:
 NADAYIL, AUGUSTINE

 Address:
 2095 CORAL RIDGE DR N 308
 Address:
 8885 NW 57 CT.

City-St-Zip: CORAL SPRINGS, FL 33071 City-St-Zip: CORAL SPRINGS, FL 33067

Title: PD ( ) Delete Title: D (X) Change ( ) Addition

 Name:
 RICHARDSON, JOHN
 Name:
 RICHARDSON, JOHN

 Address:
 2069 CORAL RIDGE DR N 203
 Address:
 2069 CORAL RIDGE DR N 203

 City-St-Zip:
 CORAL SPRINGS, FL 33071
 City-St-Zip:
 CORAL SPRINGS, FL 33071

Title: VPD (X) Delete Title: ( ) Change ( ) Addition

 Name:
 ECHEVERRIA, DEBORAH
 Name:

 Address:
 2065 CORAL RIDGE DR 5301
 Address:

 City-St-Zip:
 CORAL SPRINGS, FL 33071
 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: JOHN RICHARDSON D 03/13/2009