

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000397

FILED
Mar 23, 2009
Secretary of State

Entity Name: SATURNIA ISLES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O CENTURY MANAGEMENT SERVICES, INC.
1495 NORTHPARK DRIVE
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

C/O CENTURY MANAGEMENT SERVICES, INC.
1495 NORTHPARK DRIVE
WESTON, FL 33326

New Mailing Address:

FEI Number: 65-1074044

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAKALAR & EICHNER, PA
150 SOUTH PINE ISLAND RD
SUITE # 540
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: LAZAR, LARRY
Address: 1495 NORTHPARK DRIVE
City-St-Zip: WESTON, FL 33326

Title: VD () Delete
Name: HUBERMAN, LANCE
Address: 1495 NORTHPARK DRIVE
City-St-Zip: WESTON, FL 33326

Title: S/T () Delete
Name: LEVY, NEIL
Address: 1495 NORTHPARK DRIVE
City-St-Zip: WESTON, FL 33326

Title: D () Delete
Name: BLOCH, BRETT
Address: 1495 NORTHPARK DRIVE
City-St-Zip: WESTON, FL 33326

Title: D (X) Delete
Name: ALLEN, KELLEY
Address: 1495 NORTH PARK DRIVE
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S/T (X) Change () Addition
Name: MIBAB, ALAN
Address: 1495 NORTHPARK DRIVE
City-St-Zip: WESTON, FL 33326

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: LARRY LAZAR

PRES

03/23/2009

Electronic Signature of Signing Officer or Director

Date