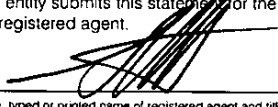
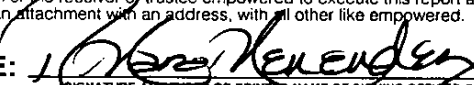


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90180 025 ****61.25

DOCUMENT # N04000004452 1. Entity Name SATURNIA FALLS HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 1401 UNIVERSITY DRIVE SUITE 200 CORAL SPRINGS, FL 33071-6039		Mailing Address 1401 UNIVERSITY DRIVE SUITE 200 CORAL SPRINGS, FL 33071-6039	
2. Principal Place of Business 1600 Sawgrass Corp. Pkwy Suite 300 Sunrise FL		3. Mailing Address 1600 Sawgrass Corp Pkwy Suite 300 Sunrise FL	
Zip 33323 Country USA		Zip 33323 Country USA	
4. FEI Number 20-1104893		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HELFMAN, STEVEN M 1401 UNIVERSITY DRIVE SUITE 200 CORAL SPRINGS, FL 33071-6039		7. Name and Address of New Registered Agent Name Steven M. Helfman Street Address (P.O. Box Number is Not Acceptable) 1600 Sawgrass Corp Pkwy Suite 300 City Sunrise State FL Zip Code 33323	
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.			
SIGNATURE  DATE 4/4/06 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 PD NAME PLESCIA, NANETTE STREET ADDRESS 1401 UNIVERSITY DRIVE #200 CITY-ST-ZIP CORAL SPRINGS, FL 330716039	☐ Delete	TITLE PD NAME Wolfe, Tamara STREET ADDRESS 1600 Sawgrass Corp Pkwy CITY-ST-ZIP Sunrise FL 33323	☒ Change ☐ Addition
TITLE VD NAME NORWALK, RICHARD M STREET ADDRESS 1401 UNIVERSITY DRIVE #200 CITY-ST-ZIP CORAL SPRINGS, FL 330716039	☐ Delete	TITLE VD NAME Patricia Campbell STREET ADDRESS 1600 Sawgrass Corp Pkwy CITY-ST-ZIP Sunrise FL 33323	☒ Change ☐ Addition
TITLE STD NAME N. MARIA MENENDEZ STREET ADDRESS 1401 UNIVERSITY DRIVE #200 CITY-ST-ZIP CORAL SPRINGS, FL 330716039	☐ Delete	TITLE STD NAME N. Maria Menendez STREET ADDRESS 1600 Sawgrass Corp Pkwy CITY-ST-ZIP Sunrise FL 33323	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  Director Secretary Treasurer 954 753-1730 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			