# 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.

400661U6

| Principal Place of Business | Mailing Address |
|---|---|
| 1401 UNIVERSITY DRIVE<br>SUITE 200<br>CORAL SPRINGS, FL 33071-6039 | 1401 UNIVERSITY DRIVE<br>SUITE 200<br>CORAL SPRINGS, FL 33071-6039 |

03312006 Chg-NP CR2E037 (11/05)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 1600 Sawgrass Corp. Pkwy | 1600 Sawgrass Corp Pkwy |
| Suite, Apt. #, etc.: Suite 300 | Suite, Apt. #, etc.: Suite 300 |
| City & State: Sunrise FL | City & State: 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 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 _____ 4/4/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**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 / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>PLESCIA, NANETTE<br>1401 UNIVERSITY DRIVE #200<br>CORAL SPRINGS, FL 330716039 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>Wolfe, Tambra<br>1600 Sawgrass Corp Pkwy<br>Sunrise FL 33323 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>NORWALK, RICHARD M<br>1401 UNIVERSITY DRIVE #200<br>CORAL SPRINGS, FL 330716039 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>Patricia Campbell<br>1600 Sawgrass Corp Pkwy<br>Sunrise FL 33323 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | STD<br>N. MARIA MENENDEZ<br>1401 UNIVERSITY DRIVE #200<br>CORAL SPRINGS, FL 330716039 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | STD<br>N. Maria Menendez<br>1600 Sawgrass Corp. Pkwy<br>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:** Nanci Menendez Director Secretary Treasurer 954 753-1730
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #