

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90003 011 ****61.25

DOCUMENT # N04000004452					
1. Entity Name SATURNIA FALLS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1600 SAWGRASS CORP PKWY SUITE 300 SUNRISE, FL 33323			Mailing Address 1600 SAWGRASS CORP PKWY SUITE 300 SUNRISE, FL 33323		
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 20-1104893	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HELFMAN, STEVEN M 1600 SAWGRASS CORP PKWY SUITE 300 SUNRISE, FL 33323			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WOLFE, TAMBRA 1600 SAWGRASS CORP PARKWAY SUNRISE, FL 33323	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CAMPBELL, PATRICIA 1600 SAWGRASS CORP PKWY SUNRISE, FL 33323	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD N. MARIA MENENDEZ 1600 SAWGRASS CORP PKWY SUNRISE, FL 33323	☐ Delete			
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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: <i>N. Maria Menendez</i>				4/27/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
				954-753-1730	
				Daytime Phone #	