

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004452

FILED
May 01, 2009
Secretary of State

Entity Name: SATURNIA FALLS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1600 SAWGRASS CORP PKWY
STE 230
SUNRISE, FL 33323

New Principal Place of Business:

1600 SAWGRASS CORP PKWY
STE 400
SUNRISE, FL 33323

Current Mailing Address:

1600 SAWGRASS CORP PKWY
STE 230
SUNRISE, FL 33323

New Mailing Address:

1600 SAWGRASS CORP PKWY
STE 400
SUNRISE, FL 33323

FEI Number: 20-1104893 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HELFMAN, STEVEN M
1600 SAWGRASS CORP PKWY
SUITE 300
SUNRISE, FL 33323 US

Name and Address of New Registered Agent:

HELFMAN, STEVEN M
1600 SAWGRASS CORP PKWY
SUITE 400
SUNRISE, FL 33323 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:

05/01/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WOLFE, TAMBRA
Address: 1600 SAWGRASS CORP PARKWAY
City-St-Zip: SUNRISE, FL 33323

Title: VD () Delete
Name: CAMPBELL, PATRICIA
Address: 1600 SAWGRASS CORP PKWY
City-St-Zip: SUNRISE, FL 33323

Title: STD () Delete
Name: N. MARIA MENENDEZ
Address: 1600 SAWGRASS CORP PKWY
City-St-Zip: SUNRISE, FL 33323

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WOLFE, TAMBRA
Address: 1600 SAWGRASS CORP PKWY, STE 400
City-St-Zip: SUNRISE, FL 33323

Title: VD (X) Change () Addition
Name: CAMPBELL, PATRICIA
Address: 1600 SAWGRASS CORP PKWY, STE 400
City-St-Zip: SUNRISE, FL 33323

Title: STD (X) Change () Addition
Name: MENENDEZ, N. MARIA
Address: 1600 SAWGRASS CORP PKWY, STE 400
City-St-Zip: SUNRISE, FL 33323

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: N. MARIA MENENDEZ

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05/01/2009

Electronic Signature of Signing Officer or Director

Date