

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006380

FILED
Mar 24, 2009
Secretary of State

Entity Name: SATURIWA CONSERVATION AREA, INC.

Current Principal Place of Business:

2425 COUNTY RD 13 S
ELKTON, FL 32033

New Principal Place of Business:

Current Mailing Address:

2425 COUNTY RD 13 S
ELKTON, FL 32033

New Mailing Address:

FEI Number: 04-3818620

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: ADAMS, MICHAEL D
Address: 2425 COUNTY RD 13 S
City-St-Zip: ELKTON, FL 32033

Title: VD () Delete
Name: ADAMS, CAROLE J
Address: 2425 COUNTY RD 13 S
City-St-Zip: ELKTON, FL 32033

Title: S () Delete
Name: ADAMS, BARBARA L
Address: 2425 COUNTY RD 13 S
City-St-Zip: ELKTON, FL 32033

Title: TD () Delete
Name: ADAMS, THOMAS C
Address: 2425 COUNTY RD 13 S
City-St-Zip: ELKTON, FL 32033

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: ADAMS, DEBORAH L
Address: 2425 COUNTY RD 13 S
City-St-Zip: ELKTON, FL 32033

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: MICHAEL D. ADAMS

PD

03/24/2009

Electronic Signature of Signing Officer or Director

Date