2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N05000011905

TI FILED

May 10, 2006

Secretary of State

Entity Name: SARATOGA PARK PHASE 4A HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

870 SUNSHINE LANE
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

13801 TIMBERLAND DR
102

ORLANDO, FL 32824

Current Mailing Address: New Mailing Address:

870 SUNSHINE LANE PO BOX 770446 ALTAMONTE SPRINGS, FL 32714 PO BOX 770446 ORLANDO, FL 32877

FEI Number: 20-4685743 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SUTTON, DEREK

870 SUNSHINE LANE

ALTAMONTE SPRINGS, FL 32714 US

NE-AN SERVICES

13801 TIMBERLAND DR

102

ORLANDO, FL, FL 32824 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: NEIL J BAILEY 05/10/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: () Change () Addition Name: NICHOLSON, ANTHONY J Name:

 Name:
 NICHOLSON, ANTHONY J
 Name:

 Address:
 870 SUNSHINE LANE
 Address:

 City-St-Zip:
 ALTAMONTE SPRINGS, FL 32714
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 SUTTON, DEREK
 Name:

 Address:
 870 SUNSHINE LANE
 Address:

 City-St-Zip:
 ALTAMONTE SPRINGS, FL 32714
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 GRAY, THOMAS J III
 Name:

 Address:
 870 SUNSHINE LANE
 Address:

 City-St-Zip:
 ALTAMONTE SPRINGS, FL 32714
 City-St-Zip:

Title: D (X) Delete Title: () Change () Addition

 Name:
 CASLOW, SHARON
 Name:

 Address:
 870 SUNSHINE LANE
 Address:

 City-St-Zip:
 ALTAMONTE SPRINGS, FL 32714
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: NEIL J BAILEY RA 05/10/2006