2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2008 8:00 am
Secretary of State
07-15-2008 90063 011 ****61.25

DOCUMENT # N07000011799

1. Entity Name
SAXONY M ASSOCIATION, INC.

66015829

Principal Place of Business	Mailing Address
% DANIEL MILLER 601 SAXONY M DELRAY BEACH, FL 33446	% DANIEL MILLER 601 SAXONY M DELRAY BEACH, FL 33446

07072008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
c/o Wilson Management	c/o Wilson Management
15300 Jog Rd Suite 109	15300 Jog Rd Suite 109
Delray Beach FL	Delray Beach. FL
Zip 33446 Country USA	Zip 33446 Country USA

4. FEI Number 26-1634648 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HRAWG CORP. 1801 N. MILITARY TRAIL SUIRE 200 BOCA RATON, FL 33432	Name Jahny L. Wilson Street Address (P.O. Box Number is Not Acceptable) 15300 Jog Rd. Suite 109 c/o Wilson Management City Delray Beach FL Zip Code 33446

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 [signature] 7/8/08.
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 September 12, 2008

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	D MILLER, DANIEL 601 SAXONY M DELRAY BEACH, FL 33446	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition Miller Daniel 601 Saxony M Delray Beach. FL 33446
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HELMSLEY, NELSON 597 SAXONY M DELRAY BEACH, FL 33446	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition Helmsley. Nelson 597 Saxony M Delray Beach. FL 33446
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KACEWITZ, ARNOLD 619 SAXONY M DELRAY BEACH, FL 33446	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition Kacewitz. Arnold 619 Saxony M Delraybch. FL 33446
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition Horenstein. Edward 594 Saxony M Delray Bch. FL 33446
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition Berig Sally 592 Saxony M Delraybch. FL 33446
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Rohrstr. Stoky 611 Saxony M Delray Bch. FL 33446

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: [signature] 7/09/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

OVER →