


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90024 026 ****61.25

DOCUMENT # N42995
1. Entity Name
SARATOGA COLONY, INC.




Principal Place of Business Mailing Address
~~4100 CORPORATE SQUARE~~ ~~SUITE 105~~ ~~NAPLES FL 34104~~ ~~US~~
3940 Radio Rd #111 *3940 Radio Rd #111*
~~4100 CORPORATE SQUARE~~ ~~SUITE 105~~ ~~NAPLES FL 34104~~ ~~US~~

2. Principal Place of Business 3. Mailing Address
3940 Radio Rd *3940 Radio Rd*
Suite, Apt. #, etc. Suite, Apt. #, etc.
#111 *#111*

City & State City & State
Naples, FL *Naples, FL*
Zip City Country Zip Country
34104 *USA* *34104* *USA*

JUUJ106J



1st MOORE CR2E037 (10/04)

4. FEI Number **65-0265754** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ANCHOR ASSOCIATES INC
4100 CORPORATE SQUARE
SUITE 105 *3940 Radio Rd #111*
NAPLES FL 34104

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) DATE _____

FILE NOW: FEE IS \$61.25
Due By: May 1, 2005

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	PAFORT, CHRISTOPHER	
STREET ADDRESS	550 SARATOGA CIRCLE, STE E-104	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	JEPSEN, FRED	
STREET ADDRESS	600 SARATOGA CIRCLE D-203	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KLEIN, LEONARD	
STREET ADDRESS	625 SARATOGA CIRCLE I-203	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DI LORENZO, MICHAEL	
STREET ADDRESS	550 SARATOGA CIRCLE, E-202	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NOTINI, ROBERT	
STREET ADDRESS	600 SARATOGA CIR., D-204	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Julianne Ventura</i>	
STREET ADDRESS	<i>550 Saratoga Circle #106</i>	
CITY-ST-ZIP	<i>NAPLES, FL 34104</i>	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Walter Gall</i>	
STREET ADDRESS	<i>600 Saratoga Cir D-105</i>	
CITY-ST-ZIP	<i>Naples, FL 34104</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Chris Tocher M Pafort* *3/23/05*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #