


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90866 039 ****61.25

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DOCUMENT # N42995					
1. Entity Name SARATOGA COLONY, INC.					
Principal Place of Business 3940 RADIO RD SUITE 111 NAPLES, FL 34104 US			Mailing Address 3940 RADIO RD SUITE 111 NAPLES, FL 34104 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ANCHOR ASSOCIATES INC 3940 RADIO RD #111 NAPLES, FL 34104				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 _____					
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 May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	DP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARVEY, PAUL			NAME	
STREET ADDRESS	625 SARATOGA CIR #101			STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34104			CITY-ST-ZIP	
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEPSEN, FRED			NAME	
STREET ADDRESS	600 SARATOGA CIRCLE D-203			STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34104			CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEIN, LEONARD			NAME	
STREET ADDRESS	625 SARATOGA CIRCLE I-203			STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34104			CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIEDER, PEG			NAME	
STREET ADDRESS	500 SARATOGA CIR #102			STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34104			CITY-ST-ZIP	
TITLE	DVP	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GALL, WALTER			NAME	DVP
STREET ADDRESS	600 SARATOGA CIRCLE #D-105			STREET ADDRESS	DI LORENZO STEPHANIE
CITY-ST-ZIP	NAPLES, FL 34104			CITY-ST-ZIP	550 SARATOGA CIRCLE E-202
					NAPLES FL 34104
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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: _____		_____		4/23/2007 234 209 2055	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	