

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2009
Secretary of State

DOCUMENT# N42995

Entity Name: SARATOGA COLONY, INC.

Current Principal Place of Business:

3940 RADIO RD
SUITE 111
NAPLES, FL 34104 US

New Principal Place of Business:

Current Mailing Address:

3940 RADIO RD
SUITE 111
NAPLES, FL 34104 US

New Mailing Address:

FEI Number: 65-0265754 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANCHOR ASSOCIATES INC
3940 RADIO RD #111
NAPLES, FL 34104 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: DP () Delete
Name: HARVEY, PAUL
Address: 625 SARATOGA CIR #101
City-St-Zip: NAPLES, FL 34104

Title: VPD () Delete
Name: JEPSSEN, FRED
Address: 600 SARATOGA CIRCLE D-203
City-St-Zip: NAPLES, FL 34104

Title: TD () Delete
Name: KLEIN, LEONARD
Address: 625 SARATOGA CIRCLE I-203
City-St-Zip: NAPLES, FL 34104

Title: SD () Delete
Name: GRIEDER, PEG
Address: 500 SARATOGA CIR #102
City-St-Zip: NAPLES, FL 34104

Title: DVP () Delete
Name: DILORENZO, STEPHANIE
Address: 550 SARATOGA CIRCLE E-202
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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

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: PAUL HARVEY

P

03/14/2009

Electronic Signature of Signing Officer or Director

_____ Date