

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N47853 (9)

1. Corporation Name

SARATOGA LAKE ASSOCIATION, INC.



Principal Place of Business

PO BOX 151474
CAPE CORAL FL 33915-1474

Mailing Address

PO BOX 151474
CAPE CORAL FL 33915-1474

3. Date Incorporated or Qualified
03/13/1992

3a. Date of Last Report
03/30/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PELUSO, AL
136 S.E. 5TH ST.
CAPE CORAL FL 33990

81 Name

Al Peluso

82

Street Address (P.O. Box Number is Not Acceptable)
136 S.E. 5th St.

83

84 City

Cape Coral

FL

85 Zip Code
33990

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME PELUSO, AL
STREET ADDRESS 136 SE 5TH ST
CITY-ST-ZIP CAPE CORAL FL

TITLE VPD ☐ DELETE
NAME DRUMM, GORDAN
STREET ADDRESS 426 SE SANTA BARBARA PL
CITY-ST-ZIP CAPE CORAL FL

TITLE T ☐ DELETE
NAME RAMSDEN, CAROLYN
STREET ADDRESS 241 SE 3RD ST
CITY-ST-ZIP CAPE CORAL FL

TITLE S ☐ DELETE
NAME CURRIE, LYNN
STREET ADDRESS 144 SE 4TH ST
CITY-ST-ZIP CAPE CORAL FL

TITLE D ☐ DELETE
NAME CURRIE, PAUL
STREET ADDRESS 144 SE 4TH ST
CITY-ST-ZIP CAPE CORAL FL

TITLE D ☐ DELETE
NAME BACHHUBER, RALPH
STREET ADDRESS 312 SE 5TH ST
CITY-ST-ZIP CAPE CORAL FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☒ Change ☐ Addition
1.2 NAME Al Peluso
1.3 STREET ADDRESS 136 S.E. 5th St.
1.4 CITY-ST-ZIP Cape Coral, FL 33990

2.1 TITLE V/D ☒ Change ☐ Addition
2.2 NAME Gordon Drumm
2.3 STREET ADDRESS 426 S.E. Santa Barbara Pl.
2.4 CITY-ST-ZIP Cape Coral, FL 33990

3.1 TITLE T/D ☒ Change ☐ Addition
3.2 NAME Darleen Drumm
3.3 STREET ADDRESS 426 S.E. Santa Barbara Pl.
3.4 CITY-ST-ZIP Cape Coral, FL 33990

4.1 TITLE S/D ☒ Change ☐ Addition
4.2 NAME Dawn Peluso
4.3 STREET ADDRESS 136 S.E. 5th St.
4.4 CITY-ST-ZIP Cape Coral, FL 33990

5.1 TITLE D ☒ Change ☐ Addition
5.2 NAME Darrell Ramsden
5.3 STREET ADDRESS 241 S.E. 3rd St.
5.4 CITY-ST-ZIP Cape Coral, FL 33990

6.1 TITLE D ☒ Change ☐ Addition
6.2 NAME Anthoney Siciliano
6.3 STREET ADDRESS 125 S.E. 4th Ter.
6.4 CITY-ST-ZIP Cape Coral, FL 33990

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: AL PELUSO *Al Peluso*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

4/23/96 941-772-9395

CR2E037 (12/95)