


FILE NOW: FILING FEE IS \$61.25

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Apr 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N47853 (9)</b> 1. Corporation Name <b>SARATOGA LAKE ASSOCIATION, INC.</b>			
Principal Place of Business <b>PO BOX 151474 CAPE CORAL FL 33915-1474</b>		Mailing Address <b>PO BOX 151474 CAPE CORAL FL 33915-1474</b>	
2. Principal Place of Business <b>21 Same</b> Suite, Apt. #, etc.		2a. Mailing Address <b>26 Same</b> Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip Country		28 Zip Country	
24		29 30	
9. Name and Address of Current Registered Agent <b>PELUSO, AL 138 S.E. 5TH ST. CAPE CORAL FL 33990</b>		10. Name and Address of New Registered Agent <b>81 Name Same</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City FL 85 Zip Code</b>	
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 <u>Al Peluso</u> <b>Al. Peluso</b> <b>04/08/97</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD PELUSO, AL 138 SE 5TH ST CAPE CORAL FL</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<b>D MARINELLO, Tony 132 SE 5th St. Cape Coral, Fl</b> <input type="checkbox"/> Change <b>XX</b> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VD DRUMM, GORDON 426 SE SANTA BARBARA PL CAPE CORAL FL</b> <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<b>D ORDINO, TONY 211 SE 2 Ave Cape Coral, Fl</b> <input type="checkbox"/> Change <b>XX</b> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TD DARLEEN DRUMM 426 S.E. SANTA BARBARA PL. CAPE CORAL FL</b> <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SD DAWN PELUSO 138 S.E. 5TH ST CAPE CORAL FL</b> <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D DARRELL RAMSDEN 241 S.E. 3RD ST CAPE CORAL FL</b> <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D ANTHONEY SICILIANO 125 S.E. 4TH TERR CAPE CORAL FL</b> <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. I do 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 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: <u>Al Peluso</u> <b>Al Peluso</b> <b>04/08/97</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0058808</small>			



CR2E037 (9/96)