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Apr 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N47853** (9)

1. Corporation Name

SARATOGA LAKE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

PO BOX 151474
CAPE CORAL FL 33915-1474

PO BOX 151474
CAPE CORAL FL 33915-1474

3. Date Incorporated or Qualified

03/13/1992

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 136 SE 5TH ST

26 PO Box 151474

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

22 City & State

27 City & State

23 CAPE CORAL, FL

28 CAPE CORAL, FL

24 Zip

Country

29 Zip

Country

33950

LEE

33915-1474

LEE

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

SAME

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 AL Peluso

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

(NOTE: Registered Agent signature required when reinstating)

DATE

AL Peluso 4-13-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

TITLE ☐ DELETE
NAME TD DARLEEN DRUMM
STREET ADDRESS 426 S.E. SANTA BARBARA PL.
CITY-ST-ZIP CAPE CORAL FL

TITLE ☐ DELETE
NAME SD DAWN PELUSO
STREET ADDRESS 136 S.E. 5TH ST
CITY-ST-ZIP CAPE CORAL FL

TITLE ☐ DELETE
NAME D DARRELL RAMSDEN
STREET ADDRESS 241 S.E. 3RD ST
CITY-ST-ZIP CAPE CORAL FL

TITLE ☐ DELETE
NAME D ANTHONY SICILIANO
STREET ADDRESS 125 S.E. 4TH TERR
CITY-ST-ZIP CAPE CORAL FL

1.1 TITLE VD
1.2 NAME ORDINO, ANTHONY
1.3 STREET ADDRESS 211 SE 2ND AVE
1.4 CITY-ST-ZIP CAPE CORAL, FL 33950

2.1 TITLE D
2.2 NAME DRUMM GORDON
2.3 STREET ADDRESS 426 SE SANTA BARBARA PLACE
2.4 CITY-ST-ZIP CAPE CORAL, FL 33950

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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)

4-13-98

772-9395

CR2E037 (10/97)