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**FILED**  
**May 15, 1999 8:00 am**  
**Secretary of State**

05-15-1999 90020 027 \*\*\*\*61.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N47853**

1. Corporation Name

**SARATOGA LAKE ASSOCIATION, INC.**

Principal Place of Business

136 SE 5TH ST  
CAPE CORAL FL 33990  
US

Mailing Address

POB 151474  
CAPE CORAL FL 33915-1474  
US



2. Principal Place of Business

21 Same

Suite, Apt. #, etc.

22 City & State

23

Zip Country

24 25

2a. Mailing Address

26 136 SE 5TH ST

Suite, Apt. #, etc.

27 City & State

28 CAPE CORAL FL

Zip Country

29 33990 30 Lee

3. Date Incorporated or Qualified

03/13/1992

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

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 617.1508, 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 ☐ DELETE

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

TITLE ☐ DELETE

NAME D  
STREET ADDRESS DRUMM, GORDAN  
CITY-ST-ZIP 426 SE SANTA BARBARA PL  
CAPE CORAL FL

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☒ DELETE

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

VD ☐ Change ☒ Addition

Anthony Ordino

211 SE 2nd Ave.

Cape Coral, FL 33990

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-99 772-9395

Date

Daytime Phone #

CR2E037 (11/98)