

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 04, 2008 8:00 am
Secretary of State**

04-04-2008 90025 037 ****61.25

DOCUMENT # N94000002096
1. Entity Name
SARATOGA LAKES AT ROYAL PALM BEACH
HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
3461 B FAIRLANE FARMS RD.
WELLINGTON, FL 33411

Mailing Address
3461 B FAIRLANE FARMS RD.
WELLINGTON, FL 33411

40059188



03042008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
65-0508339

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent
NEWSOME, JOHN
WELLINGTON MANAGEMENT, INC
3461-B FAIRLANE FARMS RD
WELLINGTON, FL 33414

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City Zip Code
FL

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PANSE, STEPHEN 105 SADDLE TRAIL ROYAL PALM BEACH, FL 33411	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>TREASURER PANSE, STEPHEN 105 SADDLE TRAIL ROYAL PALM BEACH, FL 33411</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HANDELMAN, ALICE 103 SADDLE TRAIL ROYAL PALM BEACH, FL 33411	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOWINGTON, BILL 142 SARATOGA BLVD EAST ROYAL PALM BEACH, FL 33411	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEENER, SUSAN 113 PIMLICO WAY WEST PALM BEACH, FL 33411	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOLMAN, LAWRENCE 101 MEADOWLANDS DR ROYAL PALM BEACH, FL 33411	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ISACKSON, ELIZABETH 115 MEADOW LANDS DR ROYAL PALM BEACH, FL 33411	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lawrence Wolman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 23, 2008

Date

Daytime Phone #

Lawrence Wolman