## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N95000004969

1. Entity Name

## SAXON COURT HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address 708 SAXRON PALMET 708 SAXRON PALMET **NEW SMYRNA BEACH FL 32169** NEW SMYRNA BEACH FL 32169

## **FILED** Jul 22, 2002 8:00 am Secretary of State

02-26-2002 90165 042 \*\*\*\*61.25

39029

Principal Place of Business     3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN 1	THIS SPACE		
City & State		City & State		4. FEI Number	NOT ADDITIONS E			
Zip Country Zip		Zip	Country	5. Certificate of		\$8.75 Ac	lot Applicable	
	6. Name and Address of Current	Registered Agent		7 Name and A	ddress of New Registe	Fee Require	<del>2</del> 0	
			Name	TO THE OWNER OF THE PERSON OF	daress of them fregiste	rea Agent		
			Chroni	Charles Address (O.O. D., Markett M.)				
WRIGHT, THOMAS D			Street	Street Address (P.O. Box Number is Not Acceptable)				
	N PALM CT	•						
NEW SMYRNA BEACH FL 32169			City	.=		Zip Coo	<del></del>	
			1			┎┖╎╵		
<b>b.</b> The above	named entity submits this statement for tions of registered agent.	the purpose of changing its	s registered office	or registered agent, or both,	in the State of Florida.	l am familiar with	, and accept	
the obligat	ilons of registered agent.							
CIONIATION								
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	E: Registered Agent sign	ature required when reinstating)	D	ATE		
After September 13, 2002, 9. Election Campaign Fi				<b>#</b> E 00	Make Ci	saale Bassakis		
min. will be \$236.25. Trust Fund Contribu								
	,			. 14454 15 7 000	Depair	ineit of State	5	
10.	OFFICERS AND DIR	ECTORS	11.	ADDITIONS/CHAN	GES TO OFFICERS AN	D DIRECTORS IN	V 10	
TITLE	D	☐ Delete	TITLE	1.		☐ Change	Addition	
NAME	LEITHAUSER, CHARLES H		NAME			_		
STREET ADDRESS	708 SAXON PALM CT		STREET ADDRESS					
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169		CITY-ST-ZIP					
TITLE	D	Delete	TITLE	King Robert 701 Saxon	P D	☐ Change	Addition	
NAME	LEITHAISON, GAIL		NAME	701 SAvon	Palmore			
STREET ADDRESS	906 JACKSON AVE		STREET ADDRESS	1157 57	ואויונו			
CITY-ST-ZIP	TAKOMA PARK MD 20912	<u> </u>	· CITY-ST-ZIP	NSB. PI				
TITLE	D	Delete	TITLE	EVANS NIC	hal a c	☐ Change	Addition	
NAME	LEITHAUSER, DAVID C.		NAME	702 5AXI	on Palm ct			
STREET ADDRESS CITY-ST-ZIP	708 SAXON PALM CT		STREET ADDRESS	1				
	NEW SMYRNA BEACH FL 32169		CITY-ST-ZIP	PJD FI	3469		·	
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME Street address			NAME					
CITY-ST-ZIP	•		STREET ADDRESS					
TITLE			CITY-ST-ZIP					
NAME		☐ Delete	TITLE			☐ Change	☐ Addition	
STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP	•		CITY-ST-ZIP					
TITLE					74:4			
		□ Delete	TITLE	I		☐ Change	☐ Addition	
			MANG					
NAME STREET ADORESS			NAME STREET ADDRESS	<b>1</b>				
NAME			NAME STREET ADDRESS CITY-ST-ZIP					

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 GNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE:

Charles Leithauser 708 Saxon Palm Ct. New Smyrna Beach, FL 32169-4205

386 428 3281 Alfachment

July 14, 2002

Florida Dept of State Division of corporations

gentlemen,

Inclosed is a filing of the uniform business report for Saxon Court homeowners association along with copies of both sides of my check mailed to you in January of this year. I am told you have posted the check but do not show that I filed a return so I am refilling said return. The original return was sent to you on January 10, 2002.

If you have any questions I may be reached at the phone number or address shown above.

Charles Leithauser
Marles LE Hanne

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XON COURT CORPORATION 11-07-95

J4-428-7378
1649 Van Kleeck Drive
New Smyrna Beach, Fl 32169

OTHE Death State House

SUNTRUST
SunTrust Bank, East Central Florida
Coronado Beach Office
New Smyrna Beach, Florida
FOR

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