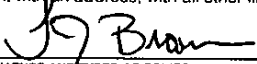


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90113 030 ****61.25

DOCUMENT # N97000003643 1. Entity Name SAAH SUBDIVISION OWNERS ASSOCIATION, INC.					
Principal Place of Business 4810 HAMILTON OAKS LN SARASOTA, FL 34232			Mailing Address 4810 HAMILTON OAKS LN SARASOTA, FL 34232		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0764131	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BROOM, THOMAS 4810 HAMILTON OAKS LANE SARASOTA, FL 34232				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		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	PD		TITLE	☐ Change ☐ Addition	
NAME	LEIGHTON, BILL		NAME		
STREET ADDRESS	4800 HAMILTON OAKS LN		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34232		CITY-ST-ZIP		
TITLE	VTD ☒ Delete		TITLE	ATD VD ☐ Change ☒ Addition	
NAME	SLAUBAUGH, BRENT		NAME	CRAIG MILLER	
STREET ADDRESS	4830 HAMILTON OAKS LN		STREET ADDRESS	4840 HAMILTON OAKS LN	
CITY-ST-ZIP	SARASOTA, FL 34232		CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE	SD ☐ Delete		TITLE	STD ☒ Change ☐ Addition	
NAME	BROOM, THOMAS		NAME		
STREET ADDRESS	4810 HAMILTON OAKS LN		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34232		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 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: 			3/18/05 941-350 5359		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

50029119



03122005 Chg-NP CR2E037 (10/03)

Applied For
Not Applicable

FL