

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90130 035 \*\*\*\*61.25

0016907

DOCUMENT # N98000002008

1. Corporation Name

SAXON WOODS PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

200 SOUTH ORANGE AVENUE #2150  
ORLANDO FL 32801

Mailing Address

200 SOUTH ORANGE AVENUE #2150  
ORLANDO FL 32801

4 9 2 2 7 2  
492272-90130-35



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

04/03/1998

4. FEI Number

65-0833201

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

GOLDMAN, JOEL K  
C/O ATLANTIC GULF COMMUNITIES CORPORATION  
2601 SOUTH BAYSHORE DRIVE, SUITE 900  
MIAMI FL 33131

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 VD  
NAME LIEBRECHT, THOMAS S  
STREET ADDRESS 200 SOUTH ORANGE AVENUE #2150  
CITY-ST-ZIP ORLANDO FL 32801

DELETE

TITLE PD  
NAME GILLETTE, J T III  
STREET ADDRESS 200 SOUTH ORANGE AVENUE #2150  
CITY-ST-ZIP ORLANDO FL 32801

DELETE

TITLE D  
NAME GOLDIN, AMY  
STREET ADDRESS 2601 SOUTH BAYSHORE DRIVE  
CITY-ST-ZIP MIAMI FL 33133

DELETE

TITLE T  
NAME COOK, PAULA  
STREET ADDRESS 2601 SOUTH BAYSHORE DRIVE  
CITY-ST-ZIP MIAMI FL 33133

DELETE

TITLE S  
NAME LAMLEIN, SUZANNE J  
STREET ADDRESS 200 SOUTH ORANGE AVENUE #2150  
CITY-ST-ZIP ORLANDO FL 32801

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D  
1.2 NAME Liebrecht, Tom  
1.3 STREET ADDRESS 200 S ORANGE AVE #2150  
1.4 CITY-ST-ZIP ORLANDO, FL 32801

☒ Change ☐ Addition

2.1 TITLE VS  
2.2 NAME Goldman, Joel K.  
2.3 STREET ADDRESS 2601 S. Bayshore Drive  
2.4 CITY-ST-ZIP Miami FL 33133

☐ Change ☒ Addition

3.1 TITLE V  
3.2 NAME KAUFMANN, LARRY  
3.3 STREET ADDRESS 200 SO ORANGE AVE - SUITE 2150  
3.4 CITY-ST-ZIP ORLANDO, FL 32801

☐ Change ☒ Addition

4.1 TITLE VT  
4.2 NAME Cook, Paula  
4.3 STREET ADDRESS 2601 S. Bayshore Drive  
4.4 CITY-ST-ZIP Miami FL 33133

☒ 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRED

3/19/99

305-859-4000

Date

Daytime Phone #

CR2E037 (1/98)