

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90265 012 ****61.25

DOCUMENT # N98000002008

1. Entity Name
SAXON WOODS PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business
**1633 E VINE STREET
SUITE 110
KISSIMMEE, FL 34744**

Mailing Address
**1633 E VINE STREET
SUITE 110
KISSIMMEE, FL 34744**

2. Principal Place of Business

8009 S. Orange Ave
Suite, Apt. #, etc.

3. Mailing Address

8009 S. Orange Ave
Suite, Apt. #, etc.



01112005 Chg-NP CR2E037 (10/03)

City & State

Orlando FL

City & State

Orlando FL

4. FEI Number
65-0833201

Applied For
Not Applicable

Zip

32809

Country

USA

Zip

32809

Country

USA

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

6. Name and Address of Current Registered Agent

**LELAND MGMT., INC.
C/O REBECCA FULTON
1633 E VINE ST., STE. 110
KISSIMMEE, FL 34744**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

8009 S. Orange Ave

City

Orlando

FL

Zip Code

32809

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

Rebecca Fulton

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, 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

TITLE **PD** ☐ Delete
NAME **BAKUM, MAREK**
STREET ADDRESS **151 SOUTHHALL LANE STE. 200**
CITY-ST-ZIP **MAITLAND, FL 32751**

TITLE **VPD** ☐ Delete
NAME **MATHIS, DEBBIE**
STREET ADDRESS **151 SOUTHHALL LANE STE. 200**
CITY-ST-ZIP **MAITLAND, FL 32751**

TITLE **STD** ☐ Delete
NAME **FRANKEHI, JANICE**
STREET ADDRESS **151 SOUTHHALL LANE STE. 200**
CITY-ST-ZIP **MAITLAND, FL 32751**

TITLE **D** ☐ Delete
NAME **SMITH, BOB**
STREET ADDRESS **111 BRASSINGTON DR.**
CITY-ST-ZIP **DEBARY, FL 32713**

TITLE **D** ☐ Delete
NAME **QUALLS, KIM**
STREET ADDRESS **160 BRADWICK CIRCLE**
CITY-ST-ZIP **DEBARY, FL 32713**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME **Bakun**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #