


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90111 048 ****61.25

DOCUMENT # N98000002008

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



Principal Place of Business
**8009 S ORANGE AVE
 ORLANDO, FL 32809**

Mailing Address
**8009 S ORANGE AVE
 ORLANDO, FL 32809**

2. Princip
 Suite, /
**Premier Property Management of CFL
 735 Primera Boulevard Suite 110**

City & /
Lake Mary, FL 32746

3. FEI Number
65-0833201

Applied For
 Not Applicable

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



03182008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent
**LELAND MGMT., INC.
 8009 S ORANGE AVE
 ORLANDO, FL 32809**

7. Name and Address of New Registered Agent

Name
Premier Property Management of CFL

Street Address (P.O. Box Number is Not Acceptable)
**735 Primera Boulevard
 Suite 110**

City
LAKE MARY FL Zip Code
32746

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 *Dina N Halburk* DATE *3/25/08*

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director MILLER, ROBERT W 558 WOODFORD DR DEBARY, FL 32713	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BIRCH, TRACY W 258 BRASSINGTON DR DEBARY, FL 32713	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WRIGHT, MELANIE 142 BRASSINGTON DR DEBARY, FL 32713	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BERGEN, PAUL J 320 BURCHINGTON DR DEBARY, FL 32713	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President LAVOIE, PAUL 137 BRADWICK CIRCLE DEBARY, FL 32713	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer William Bonner 494 Woodford Dr. DeBary, FL 32713	<input type="checkbox"/> Change <input checked="" 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: *Paul Lavoie* DATE *3/25/08* DAYTIME PHONE # *407-322-4922*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #