

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002008

FILED
Apr 15, 2010
Secretary of State

Entity Name: SAXON WOODS PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

PREMIER PROPERTY MANAGEMENT OF CFL
735 PRIMERA BOULEVARD, SUITE 110
LAKE MARY, FL 32746 US

New Principal Place of Business:

Current Mailing Address:

PREMIER PROPERTY MANAGEMENT OF CFL
735 PRIMERA BOULEVARD, SUITE 110
LAKE MARY, FL 32746 US

New Mailing Address:

FEI Number: 65-0833201 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PREMIER PROPERTY MANAGEMENT OF CFL
735 PRIMERA BOULEVARD
SUITE 110
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: MILLER, ROBERT W
Address: 735 PRIMERA BLVD., SUITE 110
City-St-Zip: LAKE MARY, FL 32746

Title: VP
Name: BARRY, FRAN
Address: 735 PRIMERA BLVD., SUITE 110
City-St-Zip: LAKE MARY, FL 32746

Title: S
Name: HAMM, GARY
Address: 735 PRIMERA BLVD., SUITE 110
City-St-Zip: LAKE MARY, FL 32746

Title: T
Name: GRANT, KIRBY
Address: 735 PRIMERA BLVD., SUITE 110
City-St-Zip: LAKE MARY, FL 32746

Title: D
Name: ZEMKE, MIKE
Address: 735 PRIMERA BLVD., SUITE 110
City-St-Zip: LAKE MARY, FL 32746

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT MILLER

P

04/15/2010

Electronic Signature of Signing Officer or Director

_____ Date