

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90222 003 *****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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0833201**

Applied For

Not Applicable

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

**FURLOW, REBECCA
1633 E VINE STREET
SUITE 110
KISSIMMEE FL 34744**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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	<input type="checkbox"/> Delete
NAME	BAKUM, MAREK	
STREET ADDRESS	151 SOUTHHALL LANE	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	GIRTON, LORI	
STREET ADDRESS	151 SOUTH HALL LANE	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	STD	<input type="checkbox"/> Delete
NAME	FRANKEHI, JANICE	
STREET ADDRESS	651 WOODFORD DR	
CITY-ST-ZIP	DEBARY FL 32713	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKUM, MAREK	
STREET ADDRESS	151 SOUTHHALL LANE STE 200	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHIS, DEBBIE	
STREET ADDRESS	151 SOUTHHALL LANE STE 200	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANKEHI, JANICE	
STREET ADDRESS	151 SOUTHHALL LANE STE 200	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

CR2E037 (10/02)