

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003685

FILED
Apr 10, 2007
Secretary of State

Entity Name: SARATOGA PARK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 W SR 434
STE 5000
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

2180 W SR 434
STE 5000
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 59-3521006 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MGMT INC
2180 W SR 434 STE 5000
LONGWOOD, FL 32779 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: VPD (X) Delete
Name: SEGREAVES, MELISSA
Address: 3111 TURRET DRIVE
City-St-Zip: KISSIMMEE, FL 34743

Title: PD () Delete
Name: SCHUBERT, ERIC
Address: 3135 TURRET DR
City-St-Zip: KISSIMMEE, FL 34743

Title: SD (X) Delete
Name: CAVARLEZ, LUZ
Address: 2700 PORT CT
City-St-Zip: KISSIMMEE, FL 34743

Title: TD () Delete
Name: LEFORT, NORMAND
Address: 2633 QUARTERDECK CT
City-St-Zip: KISSIMMEE, FL 34743

Title: D () Delete
Name: EICHELBERGER, ROB
Address: 2634 QUARTERDECK CT
City-St-Zip: KISSIMMEE, FL 34743

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: LEFORT, NORMAND
Address: 2633 QUARTERDECK CT
City-St-Zip: KISSIMMEE, FL 34743

Title: VPD (X) Change () Addition
Name: EICHELBERGER, ROB
Address: 2634 QUARTERDECK CT
City-St-Zip: KISSIMMEE, FL 34743

Title: D () Change (X) Addition
Name: MELLON, ROGER
Address: 2627 QUARTERDECK CT
City-St-Zip: KISSIMMEE, FL 34743

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ERIC SCHUBERT

PD

04/10/2007

Electronic Signature of Signing Officer or Director

Date