2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003685

FILED Apr 10, 2008 Secretary of State

Entity Name: SARATOGA PARK HOMEOWNERS ASSOCIATION, INC.

Current P	rincipal Place	of Business:	New Princ	New Principal Place of Business:		
2180 W SF STE 5000 LONGWO	R 434 OD, FL 32779	US				
Current Mailing Address:			New Maili	New Mailing Address:		
2180 W SF STE 5000 LONGWO	R 434 OD, FL 32779	US				
	: 59-3521006	FEI Number Applied For()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Address o	f New Registered Agent:	
SENTRY M 2180 W SI LONGWO The above	MES W JR MGMT INC R 434 STE 500 OD, FL 32779 named entity second of the second control o	US	2180 W SF LONGWO	MANAGEME R 434 STE 5 DD, FL 327	000	
	RE: JAMES V	/ HART JR			04/10/2008	
31011/1101		ic Signature of Registered A	gent		Date	
OFFICER	S AND DIREC	TORS:	ADDITION	S/CHANGE	ES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	ss: 3135 TURRET DR			Title: () Change () Addition Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	STD () LEFORT, NOR! 2633 QUARTEF KISSIMMEE, FI	RDECK CT	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	VPD () EICHELBERGE 2634 QUARTER KISSIMMEE, FI	RDECK CT	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D () MELLON, ROG 2627 QUARTER KISSIMMEE, FI	RDECK CT	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	D MARKHAM, 2623 QUAR ^T KISSIMMEE	TERDECK CT	

I hereby certify that the information supplied with this filing does not qualify 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 04/10/2008