2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003685

MARKHAM, JOHN

2623 QUARTERDECK CT

KISSIMMEE, FL 34743

Name:

Address:

City-St-Zip:

FILED Apr 08, 2009 Secretary of State

Entity Name: SARATOGA PARK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 2180 W SR 434 STE 5000 LONGWOOD, FL 32779 **New Mailing Address: Current Mailing Address:** 2180 W SR 434 STE 5000 LONGWOOD, FL 32779 US FEI Number: 59-3521006 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HART, JAMES W JR SENTRY MANAGEMENT INC 2180 W SR 434 STE 5000 LONGWOOD, FL 32779 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Delete () Change () Addition SCHUBERT, ERIC Name: Name: 3135 TURRET DR Address: Address: City-St-Zip: KISSIMMEE, FL 34743 City-St-Zip: Title: STD () Delete Title: TSD (X) Change () Addition LEFORT, NORMAND Name: LEFORT, NORMAN Name: Address: 2633 QUARTERDECK CT Address: 2633 QUARTERDECK CT City-St-Zip: KISSIMMEE, FL 34743 City-St-Zip: KISSIMMEE, FL 34743 Title: VPD () Delete Title: (X) Change () Addition EICHELBERGER, ROB GOETZKE, LISA Name: Name: 2621 QUARTERDECK CT Address: 2634 QUARTERDECK CT Address: City-St-Zip: KISSIMMEE, FL 34743 City-St-Zip: KISSIMMEE, FL 34743 Title: D () Delete Title: (X) Change () Addition Name: MELLON, ROGER Name: CEPEDA, DOMINGO Address: 2627 QUARTERDECK CT Address: 2635 QUARTERDECK CT City-St-Zip: KISSIMMEE, FL 34743 City-St-Zip: KISSIMMEE, FL 34743 Title: () Delete Title: (X) Change () Addition

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.

Name:

Address:

City-St-Zip:

MARKHAM, JOHN

2623 QUARTERDECK CT

KISSIMMEE, FL 34743

SIGNATURE: JOHN MARKHAM VPD 04/08/2009