

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90097 024 ****61.25

DOCUMENT # N98000004727					
1. Entity Name SATURNIA BY THE SEA PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 2295 CORPORATE BLVD NW, SUITE 138 BOCA RATON FL 33431			Mailing Address 2295 CORPORATE BLVD NW, SUITE 138 BOCA RATON FL 33431		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent WHITE, DONALD 2295 CORPORATE BLVD, SUITE 138 BOCA RATON FL 33431			7. Name and Address of New Registered Agent 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 Due By May 1, 2004		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	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DILDINE, THOM		NAME		
STREET ADDRESS	921 OSCEOLA DR #10		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33432		CITY-ST-ZIP		
TITLE	SD	☒ Delete	TITLE	TD	☐ Change ☒ Addition
NAME	REYNOLDS, DAVID		NAME	CUTRI, NORMAN	
STREET ADDRESS	921 OSCEOLA DR, #12		STREET ADDRESS	921 OSCEOLA DR, #3	
CITY-ST-ZIP	BOCA RATON FL 33432		CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE	D	☐ Delete	TITLE	SD	☒ Change ☐ Addition
NAME	CHANGUS, JAMES		NAME		
STREET ADDRESS	921 OSCEOLA DR #4		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33432		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-14-04