2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000004727

1. Entity Name
SATURNIA BY THE SEA PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2295 CORPORATE BLVD NW, SUITE 138 BOCA RATON, FL 33431	2295 CORPORATE BLVD NW, SUITE 138 BOCA RATON, FL 33431

U00000437236
04/22/06-80045-012 61.25

02012006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
65-0904855
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WHITE, DONALD
2295 CORPORATE BLVD, SUITE 138
BOCA RATON, FL 33431

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DILDINE, THOM
STREET ADDRESS	921 OSCEOLA DR #10
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	TD
NAME	CUTRI, NORMAN
STREET ADDRESS	921 OCEOLA DR. #3
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	SD
NAME	CHANGUS, JAMES
STREET ADDRESS	921 OSCEOLA DR #4
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Thom Dildine THOM DILDINE 3/12/06 (561) 241-0285
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone