2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 17, 2008 8:00 am Secretary of State

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SATURNIA BY THE SEA PROPERTY OWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address 2295 CORPORATE BLVD NW, SUITE 138 2295 CORPORATE BLVD NW, SUITE 138 BOCA RATON, FL 33431 BOCA RATON, FL 33431 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02202008 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number 65-0904855 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WHITE, DONALD Street Address (P.O. Box Number is Not Acceptable) 2295 CORPORATE BLVD, SUITE 138 BOCA RATON, FL 33431 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 DATE (NOTE: Registered Agent signature required when reinstating) Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. PD ☐ Delete Change ☐ Addition TITLE TITLE DILDINE, THOM NAME NAME 921 OSCEOLA DR #10 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL 33432 TD Addition Change TITLE Delete TITLE Sylvia Pazos 921 Osceola Drive #2 CUTRI, NORMAN NAME NAME 921 OCEOLA DR. #3 STREET ADDRESS STREET ADDRESS BOCA RATON, FL 33432 BOCA RATON FL 33432 CITY-ST-ZIP_ CITY - ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE CHANGUS, JAMES NAME 921 OSCEOLA DR #4 STREET ADDRESS STREET ADDRESS CITY-ST-7IP BOCA RATON, FL 33432 CITY - ST - ZIP ☐ Delete TITLE 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 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 atta

JAMES HOM SECIE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO