

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90093 021 ***150.00

DOCUMENT # P96000040573

1. Corporation Name

SARATOGA HOMES INC.

Principal Place of Business

**1001 S. WINTER PARK DRIVE
CASSELBERRY FL 32707**

Mailing Address

**1001 S. WINTER PARK DRIVE
CASSELBERRY FL 32707**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/06/1996

4. FEI Number

59-3494119

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 1012 NANCY CIRCLE

Suite, Apt. #, etc.

22 C/O ANDREA RUSCH

City & State

23 WINTER SPRINGS, FL

Zip Country

24 32708 25 SEMINOLE

2a. Mailing Address

26 1012 NANCY CIRCLE

Suite, Apt. #, etc.

27 C/O ANDREA RUSCH

City & State

28 WINTER SPRINGS, FL

Zip Country

29 32708 30 SEMINOLE

9. Name and Address of Current Registered Agent

**RUSCH, ANDREA
1001 S. WINTER PARK DRIVE
CASSELBERRY FL 32707**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1012 NANCY CIRCLE

83

84 City

WINTER SPRINGS,

FL

85 Zip Code

32708

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **RUSCH, ANDREA**
CITY-ST-ZIP **1001 S. WINTER PARK DRIVE
CASSELBERRY FL 32707**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1012 NANCY CIRCLE

WINTER SPRINGS, FL 32708

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 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

ANDREA RUSCH

1-18-99

407-365-1394

Date

Daytime Phone #

CR2E034 (11/98)