

**2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N98000002008

**Entity Name:** SAXON WOODS PROPERTY OWNERS ASSOCIATION, INC.

**FILED**  
**Sep 09, 2019**  
**Secretary of State**  
**7689283960CC**

**Current Principal Place of Business:**

PREMIER ASSOCIATION MANAGEMENT OF CFL  
3112 WEST LAKE MARY BLVD.  
LAKE MARY, FL 32746

**Current Mailing Address:**

3112 WEST LAKE MARY BLVD.  
LAKE MARY, FL 32746 US

**FEI Number:** 65-0833201

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PREMIER ASSOCIATION MANAGEMENT OF CENTRAL FLORIDA  
PREMIER ASSOCIATION MANAGEMENT OF CFL  
3112 WEST LAKE MARY BLVD.  
LAKE MARY, FL 32746 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:** GINA N. HOLBROOK

09/09/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           OSTROWSKI, LEE  
Address        3112 WEST LAKE MARY BLVD.  
City-State-Zip: LAKE MARY FL 32746

Title           DIRECTOR  
Name           HILL, JODY  
Address        3112 WEST LAKE MARY BLVD.  
City-State-Zip: LAKE MARY FL 32746

Title           SECRETARY  
Name           LOMBARD, ERIK  
Address        3112 WEST LAKE MARY BLVD.  
City-State-Zip: LAKE MARY FL 32746

Title           DIR  
Name           GROEN, RICHARD  
Address        3112 WEST LAKE MARY BLVD.  
City-State-Zip: LAKE MARY FL 32746

Title           PRESIDENT  
Name           BIRCH, TRACY  
Address        3112 WEST LAKE MARY BLVD.  
City-State-Zip: LAKE MARY FL 32746

Title           DIRECTOR  
Name           DORN, ROBERT  
Address        3112 WEST LAKE MARY BLVD.  
City-State-Zip: LAKE MARY FL 32746

*I hereby 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 all other like empowered.*

**SIGNATURE:** TRACY BIRCH

**PRESIDENT**

09/09/2019

Electronic Signature of Signing Officer/Director Detail

Date