

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000002008

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

**Current Principal Place of Business:**

1000 PINE HOLLOW PT  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

1000 PINE HOLLOW PT  
ALTAMONTE SPRINGS, FL 32714 US

**FEI Number:** 65-0833201

**Certificate of Status Desired:** No

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

SPECIALTY MANAGEMENT COMPANY OF CENTRAL FLORIDA, INC  
1000 PINE HOLLOW PT  
ALTAMONTE SPRINGS, FL 32714 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:** BRETT M JORDAN

01/24/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name CUEVAS, DAVID  
Address 1000 PINE HOLLOW PT  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title PRESIDENT  
Name BASALARI, JENNIFER  
Address 1000 PINE HOLLOW PT  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title VP  
Name PORRECA, DOMINIC  
Address 1000 PINE HOLLOW PT  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title TREASURER  
Name MANZUR, WAQAR  
Address 1000 PINE HOLLOW PT  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

*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:** JENNIFER BASALARI

PRESIDENT

01/24/2024

Electronic Signature of Signing Officer/Director Detail

Date