


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N97000003643</b>	
1. Entity Name SAAH SUBDIVISION OWNERS ASSOCIATION, INC.	

Principal Place of Business 4810 HAMILTON OAKS LN SARASOTA, FL 34232	Mailing Address 4810 HAMILTON OAKS LN SARASOTA, FL 34232
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**DO NOT WRITE IN THIS SPACE**



03062008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0764131	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

BROOM, THOMAS  
4810 HAMILTON OAKS LANE  
SARASOTA, FL 34232

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IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

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

U00000876227  
04/11/08-BLU66-008 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEIGHTON, BILL 4800 HAMILTON OAKS LN SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MILLER, CRAIG 4840 HAMILTON OAKS W SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BROOM, THOMAS 4810 HAMILTON OAKS LN SARASOTA, FL 34232
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:**  **3/18/08** **941-356-5359**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #