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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N97000003643

1. Corporation Name

SAAH SUBDIVISION OWNERS ASSOCIATION, INC.

Principal Place of Business

641 TYLER DR.
 SARASOTA FL 34236

Mailing Address

641 TYLER DR.
 SARASOTA FL 34236



2. Principal Place of Business

21 **4810 HAMILTON OAKS LN**

2a. Mailing Address

26 **SARASOTA FL 34232**

3. Date Incorporated or Qualified

06/24/1997

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

4. FEI Number

65-0764131

Applied For

Not Applicable

23 City & State

SARASOTA FL

28 City & State

SARASOTA FL

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip

25 **US**

29 Zip

30 **US**

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

ICARD, MERRILL, CULLIS, TIMM, FUREN & GINBURG, PA
2033 MAIN ST., S TE. 600
SARASOTA FL 34237

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	D	<input checked="" type="checkbox"/> DELETE
NAME	SAAH, SHANE H	
STREET ADDRESS	641 TYLER DR.	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SAAH, GERALDINE D	
STREET ADDRESS	641 TYLER DR.	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PROFFITT, SHANA E	
STREET ADDRESS	1944 MAIN ST.	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BILL LEIGHTON	
1.3 STREET ADDRESS	4800 HAMILTON OAKS LN	
1.4 CITY-ST-ZIP	SARASOTA, FL 34232	
2.1 TITLE	V/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BRENT SLAUBAUGH	
2.3 STREET ADDRESS	4830 HAMILTON OAKS LN	
2.4 CITY-ST-ZIP	SARASOTA, FL 34232	
3.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	THOMAS BROOM	
3.3 STREET ADDRESS	4810 HAMILTON OAKS LN	
3.4 CITY-ST-ZIP	SARASOTA, FL 34232	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, 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 REQUIRED

3/8/99

941-371-9376

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)