2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N9700c303643 1. Entity Name						Secretary of State			
SAAH SL	IBDIVISION OWNERS ASS	OCIATION	, INC.	Į.			·		
Principal Plac	ce of Business	Mailing A	ddress			7			
4810 HAMII SARASOTA	TON OAKS LN FL 34232		AMILTON OAKS OTA FL 34232	S LN					
2. Principal Place of Business		3. Mailing Address			-				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				M	OORE CF	R2E037 (11/03)	
City & Stat			State			4. FEI Number 6	5-0764131		oplied For ot Applicable
Zip	Country	Zip		Country		5. Certificate of St	atus Desired [∃ \$8.75 Add Fee Require	
	6. Name and Address of Currer	t Registered /	Agent	N	lame	7. Name and Add	ress of New Regis	itered Agent	
BRO	OOM, THOMAS				···	P.O. Box Number is N	olet Assentation		
481 SAF	O HÁMILTON OAKS LANE RASOTA FL 34232			3		F.O. BOX WORLDER IS F	Not Acceptable)		
				G	Sity			FL Zp Cod	e _
8. The above the obligat	named entity submits this statement tions of registered agent.	for the purpose	of changing its	registered of	iffice or register	red agent, or both, in	the State of Florida	. t am familiar with,	and accept
SIGNATURE	Signature, typod or printed name of registered age	nt and tipe if apolical						<u> </u>	
FILE NOW: FEE IS \$61.25 9. Election C			oke ΩNGTE.	 Registered Aces 	ont signature regulator	(when remaiation)		DATE	
	· · · · · · · · · · · · · · · · · · ·		9. Election Cam Trust Fund C	paign Finan	nt sgrature required	\$5.00 May Be Added to Fees		Check Payable Department of S	
10.	Due By May 1, 2004 OFFICERS AND D		9. Election Cam	paign Finan	ncing	\$5.00 May Be	Florida D	Check Payable Department of S	State
	Due By May 1, 2004		9. Election Cam	11. INTLE NAME STREET ADI	DORESS DORESS	\$5.00 May Be Added to Fees ADDITIONS/CHANGE	Florida E	Check Payable Department of S NO DIRECTORS IN	I 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due By May 1, 2004 OFFICERS AND E PD LEIGHTON, BILL 4800 HAMILTON OAKS LN SARASOTA FL 34232 VTD SLAUBAUGH, BRENT 4830 HAMILTON OAKS LN		9. Election Cam Trust Fund C	11. ITLE MAME SIREET ADI CITY-ST-Z TISLE NAME STREET ADI STREET ADI	DORESS ZIP DORESS	\$5.00 May Be Added to Fees ADDITIONS/CHANGE	Florida E	Check Payable Department of S	I 10 Addition
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). 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 attechment with an address, with all other like empowered.

SIGNATURE:

- Brown

2/7/04

FILED

941-356-5359