

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90113 030 ****61.25

DOCUMENT # N97000003643
 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

50029119



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03122005 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
 65-0764131

Applied For
 Not Applicable

City & State

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROOM, THOMAS
 4810 HAMILTON OAKS LANE
 SARASOTA, FL 34232

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
 NAME LEIGHTON, BILL Delete
 STREET ADDRESS 4800 HAMILTON OAKS LN
 CITY-ST-ZIP SARASOTA, FL 34232

TITLE
 NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VTD Delete
 NAME SLAUBAUGH, BRENT
 STREET ADDRESS 4830 HAMILTON OAKS LN
 CITY-ST-ZIP SARASOTA, FL 34232

TITLE ~~ATD~~ VD Change Addition
 NAME CRAIG MILLER
 STREET ADDRESS 4840 HAMILTON OAKS LN
 CITY-ST-ZIP SARASOTA, FL 34232

TITLE SD Delete
 NAME BROOM, THOMAS
 STREET ADDRESS 4810 HAMILTON OAKS LN
 CITY-ST-ZIP SARASOTA, FL 34232

TITLE STD Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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: J. Brown **3/18/05** **941-350 5359**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #