

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008875

FILED
Jan 24, 2025
Secretary of State
1631831232CC

Entity Name: SAXONY O CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O WILSON LANDSCAPING & MANAGEMENT CORP
1300 NW 17TH AVE SUITE 270
DELRAY BEACH, FL 33445

Current Mailing Address:

C/O WILSON LANDSCAPING & MANAGEMENT CORP.
1300 NW 17TH AVE SUITE 270
DELRAY BEACH, FL 33445 US

FEI Number: 01-0567118

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF, PA
2525 PONCE DE LEON BLVD
SUITE 825
CORAL GABLES, FL 33134 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: MICHAEL GONGORA, ESQ.

01/24/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VICE-PRESIDENT
Name HABIB, GERALD
Address C/O WILSON LANDSCAPING & MANAGEMENT CORP
1300 NW 17TH AVE SUITE 270
City-State-Zip: DELRAY BEACH FL 33445

Title DIRECTOR
Name HOFFMAN, RICHARD
Address C/O WILSON LANDSCAPING & MANAGEMENT CORP
1300 NW 17TH AVE SUITE 270
City-State-Zip: DELRAY BEACH FL 33445

Title DIRECTOR
Name DAVIS, JAMES
Address C/O WILSON LANDSCAPING & MANAGEMENT CORP
1300 NW 17TH AVE SUITE 270
City-State-Zip: DELRAY BEACH FL 33445

Title PRESIDENT
Name MURPHY, WILLIAM
Address C/O WILSON LANDSCAPING & MANAGEMENT CORP
1300 NW 17TH AVE SUITE 270
City-State-Zip: DELRAY BEACH FL 33445

Title SECRETARY
Name CRESPO, NORMA
Address C/O WILSON LANDSCAPING & MANAGEMENT CORP
1300 NW 17TH AVE SUITE 270
City-State-Zip: DELRAY BEACH FL 33445

Title TREASURER
Name BROWNE, LAURA
Address C/O WILSON LANDSCAPING & MANAGEMENT CORP
1300 NW 17TH AVE SUITE 270
City-State-Zip: DELRAY BEACH FL 33445

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: LAURA BROWNE

TREASURER

01/24/2025

Electronic Signature of Signing Officer/Director Detail

Date