

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
Apr 25 1996 8:00 am  
Secretary of State

**DOCUMENT # 728681**  
1. Corporation Name  
**SAGA BAY PROPERTY OWNERS ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**c/o The Continental Group, Inc. c/o The Continental Group, Inc.**  
**12079 SW 131 Avenue 12079 SW 131 Avenue**  
**Miami, FL 33186 Miami, FL 33186**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		1/30/74	5/1/95
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
				59-2102284	Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
				<input type="checkbox"/>	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				<input type="checkbox"/>	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>Michael L. Hyman</b> <b>Hyman &amp; Kaplan, P.A.</b> <b>14th Floor Courthouse Tower</b> <b>44 West Flagler Street</b> <b>Miami, FL 33130</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code
				FL			

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

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P/D	<input type="checkbox"/> DELETE	✓	1.1 TITLE	D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BURNS, PAUL			1.2 NAME	BELAVAL, MARILU		
STREET ADDRESS	8051 SW 205 Street			1.3 STREET ADDRESS	8251 SW 205 Street		
CITY-ST-ZIP	Miami, FL 33189			1.4 CITY-ST-ZIP	Miami, FL 33189		
TITLE	VP/D	<input type="checkbox"/> DELETE	✓	2.1 TITLE	D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WESTGATE, CHRIS			2.2 NAME	ETTER, DEBORAH		
STREET ADDRESS	20420 SW 80 Avenue			2.3 STREET ADDRESS	7490 SW 198 Street		
CITY-ST-ZIP	Miami, FL 33189			2.4 CITY-ST-ZIP	Miami, FL 33189		
TITLE	T/D	<input type="checkbox"/> DELETE	✓	3.1 TITLE	D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WARNER, KEITH			3.2 NAME	PETIT, JIM		
STREET ADDRESS	7940 SW 198 Street			3.3 STREET ADDRESS	8101 SW 205 Street		
CITY-ST-ZIP	Miami, FL 33189			3.4 CITY-ST-ZIP	Miami, FL 33189		
TITLE	S/D	<input type="checkbox"/> DELETE	✓	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TOMONTO, ROBERT			4.2 NAME			
STREET ADDRESS	19801 SW 79 Avenue			4.3 STREET ADDRESS			
CITY-ST-ZIP	Miami, FL 33189			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE	✓	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MITCHELL, CRAIG			5.2 NAME			
STREET ADDRESS	8400 SW 201 Street			5.3 STREET ADDRESS			
CITY-ST-ZIP	Miami, FL 33189			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE	✓	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MAGRUDER, TERRI			6.2 NAME			
STREET ADDRESS	8111 SW 205 Street			6.3 STREET ADDRESS			
CITY-ST-ZIP	Miami, FL 33189			6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E037 (12/95)

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