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FILED

Feb 07 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 728681 (8)

1. Corporation Name

SAGA BAY PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O THE CONTINENTAL GROUP, INC  
12079 SW 131 AVE.  
MIAMI FL 33186  
USC/O THE CONTINENTAL GROUP, INC  
12079 SW 131 AVE.  
MIAMI FL 33186-6475  
US3. Date Incorporated or Qualified  
01/30/19743a. Date of Last Report  
04/25/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-2102284

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MICHAEL L. HYMAN HYMAN & KAPLIN, P.A.  
14TH FLOOR COURTHOUSE TOWER  
414 WEST FLAGLER ST  
MIAMI FL 33130

81 Name

MICHAEL L. HYMAN, HYMAN &amp; KAPLAN, P.A.

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

150 WEST FLAGLER STREET

83

SUITE 2701

84 City

MIAMI

FL

85 Zip Code

33130

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE  
NAME BURNS, PAUL  
STREET ADDRESS 8051 SW 205 ST.  
CITY-ST-ZIP MIAMI FL 331891.1 TITLE P/D ☐ Change ☒ Addition  
1.2 NAME MOSER, DONNA  
1.3 STREET ADDRESS 20320 SW 80 AVENUE  
1.4 CITY-ST-ZIP MIAMI, FL 33189TITLE VP/D ☐ DELETE  
NAME WESTGATE, CHRIS  
STREET ADDRESS 20420 SW 80 AVE.  
CITY-ST-ZIP MIAMI FL 331892.1 TITLE T/D ☐ Change ☒ Addition  
2.2 NAME WEISS, ROBERT  
2.3 STREET ADDRESS 20001 SW 82 PLACE  
2.4 CITY-ST-ZIP MIAMI, FL 33189TITLE D ☒ DELETE  
NAME MITCHELL, CRAIG  
STREET ADDRESS 8400 SW 201ST ST  
CITY-ST-ZIP MIAMI FL 331893.1 TITLE S/D ☐ Change ☒ Addition  
3.2 NAME LYONS, LOUISE LEE  
3.3 STREET ADDRESS 20401 SW 81 AVENUE  
3.4 CITY-ST-ZIP MIAMI, FL 33189TITLE T/D ☒ DELETE  
NAME WARNER, KEITH  
STREET ADDRESS 7940 SW 198 ST.  
CITY-ST-ZIP MIAMI FL 331894.1 TITLE D ☐ Change ☒ Addition  
4.2 NAME MORALES, JR., MARIO  
4.3 STREET ADDRESS 8101 SW 203 STREET  
4.4 CITY-ST-ZIP MIAMI, FL 33189TITLE S/D ☒ DELETE  
NAME TOMONTO, ROBERT  
STREET ADDRESS 19801 SW 79TH AVE  
CITY-ST-ZIP MIAMI FL 331895.1 TITLE D ☐ Change ☒ Addition  
5.2 NAME BATES, PHIL  
5.3 STREET ADDRESS 8107 SW 203 STREET  
5.4 CITY-ST-ZIP MIAMI, FL 33189TITLE D ☐ DELETE  
NAME BELAVAL, MARILU  
STREET ADDRESS 8251 SW 205TH ST  
CITY-ST-ZIP MIAMI FL 331896.1 TITLE VP ☒ Change ☐ Addition  
6.2 NAME BELAVAL, MARILU  
6.3 STREET ADDRESS 8251 SW 205TH ST  
6.4 CITY-ST-ZIP MIAMI FL 33189

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0027690

CR2E037 (9/96)