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Jan 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 US		C/O THE CONTINENTAL GROUP, INC 12079 SW 131 AVE. MIAMI FL 33186 US	
2. Principal Place of Business	2a. Mailing Address	21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.	22	27
City & State	City & State	23	28
Zip	Country	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified
01/30/1974

4. FEI Number
59-2102284

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

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No



9. Name and Address of Current Registered Agent

MICHAEL L. HYMAN HYMAN & KAPLIN, P.A.
150 WEST FLAGLER STREET
SUITE 2701
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

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

TITLE	PD	XX DELETE
NAME	MOSER, DONNA	
STREET ADDRESS	20320 SW 80 AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP/D	XX DELETE
NAME	WESTGATE, CHRIS	
STREET ADDRESS	20420 SW 80 AVE.	
CITY-ST-ZIP	MIAMI FL 33189	
TITLE	SD	XX DELETE
NAME	LYONS, LOUISE LEE	
STREET ADDRESS	20401 SW 81 AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	XX DELETE
NAME	MORALES, JR. MARIO	
STREET ADDRESS	8101 SW 203 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	XX DELETE
NAME	BATES, PHIL	
STREET ADDRESS	8107 SW 203 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	XX DELETE
NAME	BELAVAL, MARILU	
STREET ADDRESS	8251 SW 205TH ST	
CITY-ST-ZIP	MIAMI FL 33189	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	VILLAR, ARNOLD	
1.3 STREET ADDRESS	8005 S.W. 199 TERRACE	
1.4 CITY-ST-ZIP	MIAMI, FL 33189	
2.1 TITLE	VP/ SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FRANZONE, STEVE	
2.3 STREET ADDRESS	8285 S.W. 206 TERRACE	
2.4 CITY-ST-ZIP	MIAMI, FL 33189	
3.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WEISS, ROBERT	
3.3 STREET ADDRESS	20001 S.W. 82 PLACE	
3.4 CITY-ST-ZIP	MIAMI, FL 33189	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BELAVAL, MARILU	
4.3 STREET ADDRESS	8251 S.W. 205 STREET	
4.4 CITY-ST-ZIP	MIAMI, FL 33189	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ETTER, DEBBIE	
5.3 STREET ADDRESS	7940 S.W. 198 STREET	
5.4 CITY-ST-ZIP	MIAMI, FL 33189	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	SENN, DAVID	
6.3 STREET ADDRESS	8421 S.W. 201 STREET	
6.4 CITY-ST-ZIP	MIAMI, FL 33189	

14. 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 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: _____ Date: **1/8/97** **447-0028**

CFR2E037 (10/97)