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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 728681 *OK*

1. Corporation Name
 Saga Bay Property Owners Association

Principal Place of Business Mailing Address
 c/o Guarantee Management Services
 111 Fontainebleau Boulevard
 Miami, Florida 33172

21. Principal Place of Business same	2a. Mailing Address same	3. Date Incorporated or Qualified 1/30/74
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2102284
23. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	28. Zip	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
25. Country	29. Country	30. Trust Fund Contribution <input type="checkbox"/>

9. Name and Address of Current Registered Agent Michael L. Hyman, Esq., Hyman & Kaplan, P/A. 150 West Flagler Street Suite 2701 Miami, Florida 33130	10. Name and Address of New Registered Agent 81 Name Jonathan R. Rubin, Esq. 82 Street Address (P.O. Box Number is Not Acceptable) Cuevas & Rubin, P.A. 83 9200 So. Dadeland Blvd., STE 603 84 City Miami, Florida FL 85 Zip Code 33156
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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: *Jonathan R. Rubin* DATE: 4/13/99
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P/D NAME Kevin Fitzpatrick STREET ADDRESS 20024 SW 82 Place CITY-ST-ZIP Miami, Florida 33189	<input type="checkbox"/> DELETE	1.1 TITLE D 1.2 NAME Kenneth Coates 1.3 STREET ADDRESS 20110 SW 82 Place 1.4 CITY-ST-ZIP Miami, Florida 33189	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D/VP NAME Jose Rubio STREET ADDRESS 20301 SW 81 Ave. CITY-ST-ZIP Miami, Florida 33189	<input type="checkbox"/> DELETE	2.1 TITLE S/D 2.2 NAME Matt Kross 2.3 STREET ADDRESS 8201 SW 203 Street 2.4 CITY-ST-ZIP Miami, Florida 33189	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D/S NAME Rick DaCosta STREET ADDRESS 7910 SW 198 Street CITY-ST-ZIP MIAMI, Florida 33189	<input type="checkbox"/> DELETE	3.1 TITLE D 3.2 NAME Zuly Weiss 3.3 STREET ADDRESS 200011 SW 82 Place 3.4 CITY-ST-ZIP Miami, Florida 33189	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D/T NAME Ron Johnson STREET ADDRESS 20011 SW 205 Street CITY-ST-ZIP Miami, Florida 33189	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D/ NAME Robert Rosa STREET ADDRESS 19821 Cutler Court CITY-ST-ZIP Miami, Florida 33189	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME Betty Petit STREET ADDRESS 8101 SW 205 Street CITY-ST-ZIP Miami, Florida 33189	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: *Katherine Harris* Date: 4-5-99 Daytime Phone #

CR2E037 (1/198)