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May 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 738019 (9)  
1. Corporation Name  
SAXONY I ASSOCIATION, INC.



Principal Place of Business Mailing Address  
C/O PRIME MANAGEMENT GROUP, INC.  
~~1051 SOUTH ROGERS CIRCLE~~  
BOCA RATON FL 33487  
6300 Park of Commerce Blvd  
C/O PRIME MANAGEMENT GROUP, INC.  
~~1051 SOUTH ROGERS CIRCLE~~  
BOCA RATON FL 33487-2816

2. Principal Place of Business  
21 Suite, Apt. #, etc  
22 City & State  
23 Zip  
24 Country

PRIME MGMT. GROUP, INC.  
6300 PRK. OF COMMERCE BLVD  
BOCA RATON, FL. 33487

3. Date Incorporated or Qualified 02/07/1977  
3a. Date of Last Report 05/01/1996  
4. FEI Number 59-1759730 Applied For Not Applicable  
5. Certificate of Status Desired \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent  
GIRSHEK, ABRAHAM  
388 SAXONY I  
DELRAY BEACH FL 33446

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P GIRSHEK, ABRAHAM SAXONY I 388 KINGS PT DELRAY BEACH FL	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	V BELOFSKY, BARRY 401 SAXONY I DELRAY BCH	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	S WEINGARDEN, LOUIS 415 SAXONY I DELRAY BEACH FL	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	T BROBOWSKY, TESSIE SAXONY I 416 DELRAY BEACH FL	4.1 TITLE	DD Rosenfield, Matthew
NAME		4.2 NAME	416 Saxony I
STREET ADDRESS		4.3 STREET ADDRESS	Delray Beach, Fla
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D NEWMAN, FRIEDA 419 SAXONY I DELRAY BCH FL	5.1 TITLE	DD Barkoff, Mi Key
NAME		5.2 NAME	396 Saxony I
STREET ADDRESS		5.3 STREET ADDRESS	Delray Beach, Fla
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D BROBOWSKY, SEYMOUR SAXONY I 416 DELRAY BEACH FL	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: 3/12/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
499-6085  
Date Time Phone # 0039653

CP2E037 (9/96)