

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

DOCUMENT # 739244 (2)

1. Corporation Name
SAXONY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **1051 S ROGERS CIR BOCA RATON FL 33487**
Mailing Address: **C/O PRIME MANAGEMENT GROUP 1051 S ROGERS CIR BOCA RATON FL 33487**

3. Date Incorporated or Qualified: **06/10/1977**
3a. Date of Last Report: **04/26/1995**

21	2. Principal Place of Business 6300 PARK OF COMMERCE BLVD	2a. Mailing Address BLVD 6300 PK OF COMM BLVD	4. FEI Number 59-1756728	Applied For <input type="checkbox"/>
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State BOCA RATON, FL	City & State BOCA RATON, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip 33487	Country USA	29	30
			29	30
			29	30
			29	30

9. Name and Address of Current Registered Agent LICHTEN, ELINOR SAXONY E 215 KINGS POINT DELRAY BCH 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
		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 registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	STD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GNATT, JACK	1.2 NAME	
STREET ADDRESS	113 SAXONY C	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL 00000	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LICHTEN, ELINOR	2.2 NAME	
STREET ADDRESS	E 215	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL 00000	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURETSKY, KAL	3.2 NAME	
STREET ADDRESS	441 SAXONY J	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL 00000	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEIG, ABRAHAM	4.2 NAME	
STREET ADDRESS	SAXONY F 273; KINGS PT	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH FL	4.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARBER, LOU	5.2 NAME	
STREET ADDRESS	269 SAXONY F-KINGS POINT	5.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	5.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAPLAN, JACK	6.2 NAME	
STREET ADDRESS	484 SAXONY K	6.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	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: Elinor Lichten Date: 4/2/96 Daytime Phone #: 407-499-2355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)