FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

739244

(2)

SAXONY CONDOMINIUM ASSOCIATION, INC.

Principal Place	of Business	Malling Address				IB) BIBIS BIBIS BIBIS BIBIS BIBIS BIBIS IBBI	
6300 PARK OF BOCA RATON F US	COMMERCE BLVD L 33487	6300 PARK OF BOCA RATON I US	COMMERCE BLVD L 33487-8229	•			
00		••			 Date incorporated or Qualified 06/10/1977 	3a. Date of Last Report 04/10/1996	
2. Principal Pl	ace of Business	2a. Mailing Ad	dress		4. FEI Number	Applied For	
21		26			59-1756728	Not Applicable	
Suite, Apt #, etc.		Suite, Apt.	#, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	9	City & State	9		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zıp	[_c	ountry	8. This corporation has liability for i		
24	25	29	30			Yes X No	
	9. Name and Address of Currer	nt Registered Agen	<u> </u>	041 11	10. Name and Address of New Re	gistered Agent	
				81 Name			
LICHTEN, ELINOR SAXONY E 215 KINGS POINT				62 Street	et Address (P.O. Box Number is Not Acceptable)		
DELRAY BCH FL 33446				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 EUNOR LICHTEN Clear Signature, typed or priviled name of registered agent and title if applicable. (NOTE: Registered Agent signature regularly when remetating) OATE							
12.		D DIRECTORS	1:		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12	
TITLE	STD		DELETE 1,1	TITLE		Change 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		DELETE 21	TITLE		Change Addition	
NAME	LICHTEN, ELINOR		2.2	NAME].	ļ	
STREET ADDRESS	E 215		2.3	STREET ADDRESS			
CITY - ST - ZIP	DELRAY BEACH, FL 00000			4 CITY-ST-ZIP			
TITLE	TD	با	DELETE 3.1	TITLE		Change	
NAME	TURETSKY, KAL		3.2	2 NAME	ļ		
STREET ADDRESS	441 SAXONY J		3.3	STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH, FL 00000			1. CITY-ST-ZIP		Charge Address	
TITLE	VD ECIG APPAHAM	L.J		1 TITLE		Change Addition	
NAME CERTET ADDRESS	FEIG, ABRAHAM SAXONY F 273; KINGS PT		E	2 NAME			
STREET ADDRESS	DELRAY BCH FL		ď	STREET ADDRESS	1		
CITY-ST-ZIP TiTLE	SD SD			4 CITY-ST-ZIP 1 TITLE		Change Addition	
NAME	GARBER, LOU				ł.		
STREET ADDRESS	269 SAXONY F-KINGS POINT	Г		2 NAME 3 Street Adoress			
CITY-ST-ZIP	DELRAY BEACH FL				ì		
TITLE	VD	i x		1 CITY-ST-ZIP 1 TITLE	\ V 5	Change X Addition	
NAME	KAPLAN, JACK	~		2 NAME	Kelmer Herts		
STREET ADORESS	484 SAXONY K		2	S STREET ADDRESS	Starr Herb N		
CITY-ST-ZIP	DELRAY BEACH FL			4 CITY-ST-ZIP	Baloni Re John to	!	
		d with this filing doe			stated in Section 119.07(3)(I), Florida Statute	s. I further certify that the	
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Fibrida 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							

SIGNATURE:

SHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/97 Date

FILED

May 01 1997 8:00am

Secretary of State

Daytime Phone # 0039628