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Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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: 6300 PARK OF COMMERCE BLVD, BOCA RATON FL 33487 US
Mailing Address: 6300 PARK OF COMMERCE BLVD, BOCA RATON FL 33487 US

3. Date incorporated or Qualified: 06/10/1977
4. FEI Number: 59-1756728
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

2. Principal Place of Business (21-24) and Mailing Address (25-30) fields.

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 (81-85)

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: Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: STD NAME: GNATT, JACK STREET ADDRESS: 113 SAXONY C CITY-ST-ZIP: DELRAY BEACH, FL 00000	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: VPD 1.2 NAME: GNATT, JACK 1.3 STREET ADDRESS: 113 SAXONY C 1.4 CITY-ST-ZIP: DELRAY BCH FL 33446	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PD NAME: LICHTEN, ELINOR STREET ADDRESS: E 215 CITY-ST-ZIP: DELRAY BEACH, FL 00000	<input type="checkbox"/> DELETE	2.1 TITLE: 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: TURETSKY, KAL STREET ADDRESS: 441 SAXONY J CITY-ST-ZIP: DELRAY BEACH, FL 00000	<input type="checkbox"/> DELETE	3.1 TITLE: 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: FEIG, ABRAHAM STREET ADDRESS: SAXONY F 273; KINGS PT CITY-ST-ZIP: DELRAY BCH FL	<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: SD NAME: GARBER, LOU STREET ADDRESS: 269 SAXONY F-KINGS POINT CITY-ST-ZIP: DELRAY BEACH FL	<input type="checkbox"/> DELETE	5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP: SITD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: STARR, HERB STREET ADDRESS: 648 SAXONY N CITY-ST-ZIP: DELRAY BEACH FL	<input checked="" type="checkbox"/> DELETE	6.1 TITLE: S/TD POLLACK LEONARD 6.2 NAME: 553 SAXONY L 6.3 STREET ADDRESS: DELRAY BCH FL 33446 6.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input checked="" 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.

SIGNATURE: Elinor Lichten, ELINOR LICHTEN 1/16/98

CPRE037 (10/97)