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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 739244

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

3. Date Incorporated or Qualified

06/10/1977

4. FEI Number

59-1756728

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

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME VPD
GNATT, JACK
STREET ADDRESS 113 SAXONY C
CITY-ST-ZIP DELRAY BEACH, FL 00000 33446

TITLE DELETE

NAME PD
LICHTEN, ELINOR
STREET ADDRESS E 215
CITY-ST-ZIP DELRAY BEACH, FL 00000

TITLE DELETE

NAME TD
TURETSKY, KAL
STREET ADDRESS 441 SAXONY J
CITY-ST-ZIP DELRAY BEACH, FL 00000

TITLE DELETE

NAME VD
FEIG, ABRAHAM
STREET ADDRESS SAXONY F 273; KINGS PT
CITY-ST-ZIP DELRAY BCH FL

TITLE DELETE

NAME SD
GARBER, LOU
STREET ADDRESS 269 SAXONY F-KINGS POINT
CITY-ST-ZIP DELRAY BEACH FL

TITLE DELETE

NAME STD
POLLACK LEONARD
STREET ADDRESS 553 SAXONY L
CITY-ST-ZIP DELRAY BEACH FL 33446

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

Elinor Lichten
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/99

Date

Daytime Phone #

CR2E037 (11/98)