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 # 753477 (9)

1. Corporation Name

SAGA APTS., INC.

Principal Place of Business	Mailing Address
1502 S. FEDERAL HWY. LAKE WORTH FL 33460	1712 HIGH RIDGE ROAD LAKE WORTH FL 33461 US

3. Date Incorporated or Qualified: 07/24/1980

3a. Date of Last Report: 04/06/1995

2. Principal Place of Business	2a. Mailing Address
21	26 1502 So. Federal Hwy. #5
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 # 5
City & State 23	City & State 28 Lake Worth, FL
Zip 24 / Country 25	Zip 29 33460 / Country 30 USA

4. FEI Number: 59-2563179 ☐ 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

RISSANEN, MIRJA
1712 HIGH RIDGE ROAD
LAKE WORTH FL 33461

10. Name and Address of New Registered Agent

81 Name: LEHTOVIRTA, JAANA

82 Street Address (P.O. Box Number is Not Acceptable): 1502 So. Federal Hwy # 5

83

84 City: LAKE WORTH FL 85 Zip Code: 33460

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 I accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Jaana Lehtovirta, treasurer/secretary DATE: 2/2, 1996

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	STD	☒ DELETE	11 TITLE	STD	☒ Change ☐ Addition
NAME	RISSANEN, MIRJA		12 NAME	LEHTOVIRTA, JAANA	
STREET ADDRESS	1712 HIGH RIDGE ROAD		13 STREET ADDRESS	1502 SO. FEDERAL HWY #5	
CITY-ST-ZIP	LAKE WORTH FL		14 CITY-ST-ZIP	LAKE WORTH, FL 33460	
TITLE	PD	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	JARVINEN, SEPPO		22 NAME		
STREET ADDRESS	1502 S. FEDERAL HWY., #4		23 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL		24 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	KUMMALA, TERHO		32 NAME		
STREET ADDRESS	1502 S. FEDERAL HWY., #3		33 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL		34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E037 (12/95)

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)(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: Jaana Lehtovirta Jaana Lehtovirta 2/2, 1996 (407) 588-9710

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #