FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 8:27

DOCUMENT # 728681 (8)

1. Corporation Name

SAGA BAY PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
PO BOX 570725 MIAMI FL 33257-0725 US	PO BOX 570725 MIAMI FL 33257-0725 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/30/1974
3a. Date of Last Report: 02/28/1994
4. FEI Number: 59-2102284 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

FRANZONE, STEVE
8304 S.W. 206TH TERR.
MIAMI FL 33189

10. Name and Address of New Registered Agent

81 Name: MICHAEL L. HYMAN
82 Street Address (P.O. Box Number is Not Acceptable): 14TH FLOOR COURTHOUSE TOWER
83: 44 WEST FLAGLER ST
84 City: MIAMI FL 85 Zip Code: 33130

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] 4/25/95
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	P	11 TITLE	P	☒ Change ☐ Addition
NAME	FRANZONE, STEVE	12 NAME	ANTHONY NAMOFF	
STREET ADDRESS	8304 S.W. 206TH TERR.	13 STREET ADDRESS	8024 SW 199 TER.	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	MIAMI, FL	
TITLE	S	21 TITLE	S	☒ Change ☐ Addition
NAME	POOLE, CHUCK	22 NAME	MATT CAIN	
STREET ADDRESS	8330 S.W. 63RD PL	23 STREET ADDRESS	8110 SW 205 ST	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	MIAMI, FL	
TITLE	T	31 TITLE	T	☒ Change ☐ Addition
NAME	WARNER, KEITH	32 NAME	MITCHELL, CRAIG	
STREET ADDRESS	7940 SW 198 ST	33 STREET ADDRESS	8400 SW 201ST	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	MIAMI, FL	
TITLE	D	41 TITLE	D	☒ Change ☐ Addition
NAME	MOSER, DONNA	42 NAME	SEMAN, DAVID	
STREET ADDRESS	20320 S.W. 80TH AVE.	43 STREET ADDRESS	8421 SW 201ST	
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP	MIAMI, FL	
TITLE	D	51 TITLE	D	☒ Change ☐ Addition
NAME	ETTER, DEBBIE	52 NAME	BOB TOMONTO	
STREET ADDRESS	7940 SW 198 ST	53 STREET ADDRESS	19801 SW 79 AVE	
CITY-ST-ZIP	MIAMI FL	54 CITY-ST-ZIP	MIAMI, FL	
TITLE	D	61 TITLE	D	☒ Change ☐ Addition
NAME	BATES, PHIL	62 NAME	MARILU BELAVAL	
STREET ADDRESS	8107 S.W. 203RD ST.	63 STREET ADDRESS	8251 SW 205 ST	
CITY-ST-ZIP	MIAMI FL	64 CITY-ST-ZIP	MIAMI, FL	

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: [signature] CRAIG L. MITCHELL 4-24-95 (305) 253-0446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — TREASURER, SBPOA — Date — Daytime Phone #

007B07B