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Jan 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **728681** (8)
1. Corporation Name
SAGA BAY PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business C/O THE CONTINENTAL GROUP, INC 12079 SW 131 AVE. MIAMI FL 33186 US	Mailing Address C/O THE CONTINENTAL GROUP, INC 12079 SW 131 AVE. MIAMI FL 33186 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 01/30/1974	4. FEI Number 59-2102284	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MICHAEL L. HYMAN HYMAN & KAPLIN, P.A.
150 WEST FLAGLER STREET
SUITE 2701
MIAMI FL 33130**

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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	PD XX DELETE
NAME	MOSER, DONNA
STREET ADDRESS	20320 SW 80 AVENUE
CITY-ST-ZIP	MIAMI FL
TITLE	VP/D XX DELETE
NAME	WESTGATE, CHRIS
STREET ADDRESS	20420 SW 80 AVE.
CITY-ST-ZIP	MIAMI FL 33189
TITLE	SD XX DELETE
NAME	LYONS, LOUISE LEE
STREET ADDRESS	20401 SW 81 AVENUE
CITY-ST-ZIP	MIAMI FL
TITLE	D XX DELETE
NAME	MORALES, JR. MARIO
STREET ADDRESS	8101 SW 203 STREET
CITY-ST-ZIP	MIAMI FL
TITLE	D XX DELETE
NAME	BATES, PHIL
STREET ADDRESS	8107 SW 203 STREET
CITY-ST-ZIP	MIAMI FL
TITLE	D XX DELETE
NAME	BELAVAL, MARILU
STREET ADDRESS	8251 SW 205TH ST
CITY-ST-ZIP	MIAMI FL 33189

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P/D XX Change <input type="checkbox"/> Addition
1.2 NAME	VILLAR, ARNOLD
1.3 STREET ADDRESS	8005 S.W. 199 TERRACE
1.4 CITY-ST-ZIP	MIAMI, FL 33189
2.1 TITLE	VP/ SECRETARY XX Change <input type="checkbox"/> Addition
2.2 NAME	FRANZONE, STEVE
2.3 STREET ADDRESS	8285 S.W. 206 TERRACE
2.4 CITY-ST-ZIP	MIAMI, FL 33189
3.1 TITLE	TREASURER XX Change <input type="checkbox"/> Addition
3.2 NAME	WEISS, ROBERT
3.3 STREET ADDRESS	20001 S.W. 82 PLACE
3.4 CITY-ST-ZIP	MIAMI, FL 33189
4.1 TITLE	D XX Change <input type="checkbox"/> Addition
4.2 NAME	BELAVAL, MARILU
4.3 STREET ADDRESS	8251 S.W. 205 STREET
4.4 CITY-ST-ZIP	MIAMI, FL 33189
5.1 TITLE	D XX Change <input type="checkbox"/> Addition
5.2 NAME	ETTER, DEBBIE
5.3 STREET ADDRESS	7940 S.W. 198 STREET
5.4 CITY-ST-ZIP	MIAMI, FL 33189
6.1 TITLE	D XX Change <input type="checkbox"/> Addition
6.2 NAME	SENN, DAVID
6.3 STREET ADDRESS	8421 S.W. 201 STREET
6.4 CITY-ST-ZIP	MIAMI, FL 33189

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:  **REQUIRED**

1/8/97

447-0028

CR2E037 (10/97)