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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 728681 *OK*

1. Corporation Name

Saga Bay Property Owners Association

Principal Place of Business

Mailing Address

c/o Guarantee Management Services
111 Fontainebleau Boulevard
Miami, Florida 33172

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 same

26 same

1/30/74

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-2102284

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

28

Zip Country

Zip Country

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Michael L. Hyman, Esq., Hyman & Kaplan, P/A.
150 West Flagler Street
Suite 2701
Miami, Florida 33130

81 Name

Jonathan R. Rubin, Esq.

82 Street Address (P.O. Box Number is Not Acceptable)

Cuevas & Rubin, P.A.

83 9200 So. Dadeland Blvd., STE 603

84 City

Miami, Florida

FL

85 Zip Code
33156

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

Jonathan R. Rubin
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/13/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P/D Kevin Fitzpatrick ☐ DELETE
NAME 20024 SW 82 Place
STREET ADDRESS Miami, Florida 33189
CITY-ST-ZIP

1.1 TITLE D Kenneth Coates ☐ Change ☐ Addition
1.2 NAME 20110 SW 82 Place
1.3 STREET ADDRESS Miami, Florida 33189
1.4 CITY-ST-ZIP

TITLE D/VP Jose Rubio ☐ DELETE
NAME 20301 SW 81 Ave.
STREET ADDRESS Miami, Florida 33189
CITY-ST-ZIP

2.1 TITLE SD Matt Kross ☐ Change ☐ Addition
2.2 NAME 8201 SW 203 Street
2.3 STREET ADDRESS Miami, Florida 33189
2.4 CITY-ST-ZIP

TITLE D/S Rick DaCosta ☐ DELETE
NAME 7910 SW 198 Street
STREET ADDRESS MIAMI, Florida 33189
CITY-ST-ZIP

3.1 TITLE D Zuly Weiss ☐ Change ☐ Addition
3.2 NAME 200011 SW 82 Place
3.3 STREET ADDRESS Miami, Florida 33189
3.4 CITY-ST-ZIP

TITLE D/T Ron Johnson ☐ DELETE
NAME 20011 SW 205 Street
STREET ADDRESS Miami, Florida 33189
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D/ Robert Rosa ☐ DELETE
NAME 19821 Cutler Court
STREET ADDRESS Miami, Florida 33189
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D Betty Petit ☐ DELETE
NAME 8101 SW 205 Street
STREET ADDRESS Miami, Florida 33189
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-5-99

CR2E037 (11/98)