
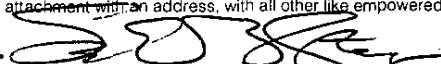


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90072 035 \*\*\*\*61.25

<b>DOCUMENT # 728681</b> 1. Entity Name <b>SAGA BAY PROPERTY OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O THE FOSTER COMPANY 12396 S.W. 82 AVENUE MIAMI, FL 33156 US</b>			Mailing Address <b>C/O THE FOSTER COMPANY 12396 S.W. 82 AVENUE MIAMI, FL 33156 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2102284</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>RUBIN, JONATHAN R ESQ CUEVAS &amp; RUBIN, P.A. 9200 S. DADELAND BLVD, STE 603 MIAMI, FL 33156</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE <b>PVPD</b> NAME <b>DECARDENAS, BOB</b> STREET ADDRESS <b>8201 S.W. 198TH STREET</b> CITY-ST-ZIP <b>MIAMI, FL 33189</b>	<input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <b>VD D</b> NAME <b>GREMER, JOHN B</b> STREET ADDRESS <b>8107 SW 203 ST</b> CITY-ST-ZIP <b>MIAMI, FL 33189</b>	<input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <b>V</b> NAME <b>RUBIO, JOSE</b> STREET ADDRESS <b>20301 S.W. 81 AVENUE</b> CITY-ST-ZIP <b>MIAMI, FL 33189</b>	<input checked="" type="checkbox"/> Delete		TITLE <b>D</b> NAME <b>SENN, DAVID</b> STREET ADDRESS <b>8421 SW 201ST.</b> CITY-ST-ZIP <b>MIAMI, FL 33189</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE <b>BT D</b> NAME <b>LOPEZ, MONTY</b> STREET ADDRESS <b>8325 S.W. 205TH TERRACE</b> CITY-ST-ZIP <b>MIAMI, FL 33189</b>	<input type="checkbox"/> Delete		TITLE <b>D</b> NAME <b>ROBERT ROSA</b> STREET ADDRESS <b>17821 CUTLER CT</b> CITY-ST-ZIP <b>MIAMI, FL 33189</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE <b>DSO</b> NAME <b>CHURCHILL, JOHN</b> STREET ADDRESS <b>8075 S.W. 205 TERRACE</b> CITY-ST-ZIP <b>MIAMI, FL 33189</b>	<input type="checkbox"/> Delete		TITLE <b>D</b> NAME <b>SOSA-DIAS, ANN</b> STREET ADDRESS <b>8220 SW 204 ST.</b> CITY-ST-ZIP <b>MIAMI, FL 33189</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE <b>SPD</b> NAME <b>STENGER, SANDY</b> STREET ADDRESS <b>8231 S.W. 204TH STREET</b> CITY-ST-ZIP <b>MIAMI, FL 33189</b>	<input type="checkbox"/> Delete		TITLE <b>D</b> NAME <b>VILA, MICHAEL</b> STREET ADDRESS <b>20121 SW 82 PL</b> CITY-ST-ZIP <b>MIAMI, FL 33189</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> 			Date <b>1/15/04</b> Daytime Phone <b>305-257-7228</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					