2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State
01-31-2005 90081 039 ****61.25

DOCUMENT # 728681

1. Entity Name
SAGA BAY PROPERTY OWNERS ASSOCIATION, INC.

50008362

Principal Place of Business	Mailing Address
C/O THE FOSTER COMPANY 12396 S.W. 82 AVENUE MIAMI, FL 33156 US	C/O THE FOSTER COMPANY 12396 S.W. 82 AVENUE MIAMI, FL 33156 US

01122005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2102284 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RUBIN, JONATHAN R ESQ
CUEVAS & RUBIN, P.A.
9200 S. DADELAND BLVD, STE 603
MIAMI, FL 33156

7. Name and Address of New Registered Agent

Name

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

City **FL** 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 _____ DATE

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

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DECARDENAS, BOB 8201 S.W. 198TH STREET MIAMI, FL 33189	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GREMER, JOHN B 8107 SW 203 ST MIAMI, FL 33189	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SENN, DAVID 8421 SW 201 ST MIAMI, FL 33189	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition SD ROBERT ROSA 19621 CUTLER CT. MIAMI, FL 33189
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOPEZ, MONTY 8325 S.W. 205TH TERRACE MIAMI, FL 33189	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition TD MARIA E CORP 20321 SW 81 AVE MIAMI, FL 33189
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHURCHILL, JOHN 8075 S.W. 205 TERRACE MIAMI, FL 33189	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S STENGER, SANDY 8231 S.W. 204TH STREET MIAMI, FL 33189	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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.

SIGNATURE: _____ 1/27/05

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