

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90442 024 \*\*\*\*70.00

<b>DOCUMENT # 728681</b>					
<b>1. Entity Name</b> SAGA BAY PROPERTY OWNERS ASSOCIATION, INC. 40 Harbor Management Srvs., 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</b> 15600 SW 288 ST Suite, Apt. #, etc. # 406		<b>3. Mailing Address</b> PO Box 924176 Suite, Apt. #, etc.			
<b>City &amp; State</b> Homestead, FL		<b>City &amp; State</b> Homestead, FL		<b>4. FEI Number</b> 59-2102284	
<b>Zip</b> 33033		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> GANGUZZA, JOSEPH H ESQ HYMAN KAPLAN GANGUZZA SPECTOR & MARS, P.A. 150 W. FLAGLER ST., #2701 MIAMI, FL 33130			<b>7. Name and Address of New Registered Agent</b> Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ _____ _____ FL Zip Code: _____		
<b>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.</b>					
<b>SIGNATURE</b> _____ <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, 2006</b>		<b>9. Election Campaign Financing</b> 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>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> P <b>NAME</b> DECARDENAS, BOB <b>STREET ADDRESS</b> 8201 S.W. 198TH STREET <b>CITY-ST-ZIP</b> MIAMI, FL 33189	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> P <b>NAME</b> John Gramer <b>STREET ADDRESS</b> 8107 SW 203 Street <b>CITY-ST-ZIP</b> Miami FL 33189	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VD <b>NAME</b> GREMER, JOHN B <b>STREET ADDRESS</b> 8107 SW 203 ST <b>CITY-ST-ZIP</b> MIAMI, FL 33189	<input type="checkbox"/> Delete		<b>TITLE</b> VPS <b>NAME</b> Robert Rosa <b>STREET ADDRESS</b> 19621 Cutler Court <b>CITY-ST-ZIP</b> Miami, FL 33189	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> SD <b>NAME</b> ROSA, ROBERT <b>STREET ADDRESS</b> 19621 CUTLER CT. <b>CITY-ST-ZIP</b> MIAMI, FL 33189	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> Arnold Vilar <b>STREET ADDRESS</b> 2015 SW 198 Terr <b>CITY-ST-ZIP</b> Miami FL 33189	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> TD <b>NAME</b> CORP, MARIA E <b>STREET ADDRESS</b> 20321 SW 81 AVE <b>CITY-ST-ZIP</b> MIAMI, FL 33189	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date: 04/19/06 Daytime Phone #: _____					

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