### 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 728681** 

Entity Name: SAGA BAY PROPERTY OWNERS ASSOCIATION, INC.

FILED
Jan 19, 2024
Secretary of State
9631849229CC

# **Current Principal Place of Business:**

C/O T & G MANAGEMENT SERVICES INC 18001 OLD CUTLER ROAD SUITE 476 PALMETTO BAY, FL 33157

## **Current Mailing Address:**

C/O T & G MANAGEMENT SERVICES INC 18001 OLD CUTLER ROAD SUITE 476 PALMETTO BAY, FL 33157 US

FEI Number: 59-2102284 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

BECKER & POLIAKOFF, PA 2525 PONCE DE LEON BLVD SUITE 825 CORAL GABLES, FL 33134 US

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.

SIGNATURE: DAVID H. ROGEL 01/19/2024

Electronic Signature of Registered Agent Date

#### Officer/Director Detail:

Title DIRECTOR Title PRESIDENT

Name SANTANA, LUIS Name WESTGATE, CHRISTOPHER

Address 18001 OLD CUTLER ROAD Address 18001 OLD CUTLER ROAD

SUITE 476 SUITE 476

City-State-Zip: MIAMI FL 33157 City-State-Zip: MIAMI FL 33157

Title DIRECTOR Title SECRETARY

Name MEJIA- LOPEZ, LORNA Name CRAVEN , MICHELLE

Address 18001 OLD CUTLER ROAD Address 18001 OLD CUTLER ROAD

SUITE 476 SUITE 476

City-State-Zip: MIAMI FL 33157 City-State-Zip: MIAMI FL 33157

Title VP Title DIRECTOR

Name GUILLEN, ADRIAN Name PORTALS, IRIA

Address 18001 OLD CUTLER ROAD Address 18001 OLD CUTLER ROAD

SUITE 476 SUITE 476

City-State-Zip: MIAMI FL 33157 City-State-Zip: PALMETTO BAY FL 33157

Title TREASURER Title DIRECTOR

Name TRACY, JAMES Name KAPPES, JOHN

Address 18001 OLD CUTLER ROAD Address 18001 OLD CUTLER ROAD

SUITE 476 SUITE 476

City-State-Zip: PALMETTO BAY FL 33157 City-State-Zip: PALMETTO BAY FL 33157

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHRISTOPHER WESTGATE PRESIDENT 01/19/2024