

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 728681

**Entity Name:** SAGA BAY PROPERTY OWNERS ASSOCIATION, INC.**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 P.A.  
121 ALHAMBRA PLAZA  
10TH FLOOR  
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

04/10/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name SANTANA, LUIS  
Address 18001 OLD CUTLER ROAD  
SUITE 476  
City-State-Zip: MIAMI FL 33157

Title PRESIDENT  
Name WESTGATE, CHRISTOPHER  
Address 18001 OLD CUTLER ROAD  
SUITE 476  
City-State-Zip: MIAMI FL 33157

Title DIRECTOR  
Name MEJIA- LOPEZ, LORNA  
Address 18001 OLD CUTLER ROAD  
SUITE 476  
City-State-Zip: MIAMI FL 33157

Title VP, SECRETARY  
Name CRAVEN , MICHELLE  
Address 18001 OLD CUTLER ROAD  
SUITE 476  
City-State-Zip: MIAMI FL 33157

Title DIRECTOR  
Name GUILLEN, ADRIAN  
Address 18001 OLD CUTLER ROAD  
SUITE 476  
City-State-Zip: MIAMI FL 33157

Title DIRECTOR  
Name PORTALS, IRIA  
Address 18001 OLD CUTLER ROAD  
SUITE 476  
City-State-Zip: PALMETTO BAY FL 33157

Title DIRECTOR  
Name EMMANUEL, CRAIG  
Address 18001 OLD CUTLER ROAD  
SUITE 476  
City-State-Zip: PALMETTO BAY FL 33157

Title TREASURER  
Name TRACY, JAMES  
Address 18001 OLD CUTLER ROAD  
SUITE 476  
City-State-Zip: PALMETTO BAY FL 33157

**Continues on page 2**

*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

04/10/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	KAPPES, JOHN
Address	18001 OLD CUTLER ROAD SUITE 476
City-State-Zip:	PALMETTO BAY FL 33157