

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728681

Entity Name: SAGA BAY PROPERTY OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**15600 SW 288 STREET
SUITE 406
HOMESTEAD, FL 33033**Current Mailing Address:**PO BOX 924176
HOMESTEAD, FL 33092 US**FEI Number:** 59-2102284**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JURADO LAW GROUP, PA
6401 NW 74 AVENUE
MIAMI, FL 33166 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PD
Name	HANN, MICHAEL
Address	15600 SW 288 STREET, #406
City-State-Zip:	HOMESTEAD FL 33033

Title	SD
Name	SANTANA, LUIS
Address	15600 SW 288 STREET, #406
City-State-Zip:	HOMESTEAD FL 33033

Title	DIRECTOR
Name	NANNI, ARTHUR JR.
Address	15600 SW 288 STREET SUITE 406
City-State-Zip:	HOMESTEAD FL 33033

Title	DIRECTOR
Name	DERRICK, RON
Address	15600 SW 288 STREET SUITE 406
City-State-Zip:	HOMESTEAD FL 33033

Title	DIRECTOR, VP
Name	TRACY, JAMES
Address	15600 SW 288 STREET SUITE 406
City-State-Zip:	HOMESTEAD FL 33033

Title	DIRECTOR
Name	HONEYCUTT, JUDY
Address	15600 SW 288 STREET SUITE 406
City-State-Zip:	HOMESTEAD FL 33033

Title	DIRECTOR
Name	GONZALEZ, JOSE
Address	15600 SW 288 STREET SUITE 406
City-State-Zip:	HOMESTEAD FL 33033

Title	DIRECTOR
Name	WESTGATE, CHRISTOPHER
Address	15600 SW 288 STREET SUITE 406
City-State-Zip:	HOMESTEAD FL 33033

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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: MICHAEL HANN**PRESIDENT****03/20/2017**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR, TREASURER
Name	DICKE, CYNTHIA
Address	15600 SW 288 STREET SUITE 406
City-State-Zip:	HOMESTEAD FL 33033