


FILE NOW: FILING FEE IS \$61.25

FILED
May 01 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **714781** (2)
1. Corporation Name
SABAL SHORES APARTMENT ASSOCIATION, INC.



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|--|---|
| Principal Place of Business 600 SOUTH OCEAN BLVD BOCA RATON FL 33432 | Mailing Address 600 SOUTH OCEAN BLVD BOCA RATON FL 33432-6265 |
|--|---|

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|---|--|
| 3. Date Incorporated or Qualified 06/17/1968 | 3a. Date of Last Report 04/05/1996 |
| 4. FEI Number 59-1311339 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21. Suite, Apt #, etc. | 26. Suite, Apt #, etc. |
| 22. City & State | 27. City & State |
| 23. Zip | 28. Zip |
| 24. Country | 29. Country |
| 25. Country | 30. Country |

9. Name and Address of Current Registered Agent
**BECKER, POLIAKOFF & STREITFELD, PA
SHARON A WEBER, ESQ
6520 N ANDREWS AVE
FT LAUDERDALE FL 33310-9057**

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name BECKER & POLIAKOFF, P.A. |
| 82 Street Address (P.O. Box Number is Not Acceptable) Peter C. Mollengarden, Esq. |
| 83 500 Australian Avenue South 9th Floor |
| 84 City West Palm Beach, FL |
| 85 Zip Code 33401 |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------------|---|--|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | READ, WILLIAM | 1.2 NAME | |
| STREET ADDRESS | 600 SOUTH OCEAN BLVD | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | BOCA RATON, FL 00000 | 1.4 CITY - ST - ZIP | |
| TITLE | DS <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ALCALA-SUCRE, FRANCES | 2.2 NAME | |
| STREET ADDRESS | 600 SOUTH OCEAN BLVD. | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | BOCA RATON FL | 2.4 CITY - ST - ZIP | |
| TITLE | TD <input type="checkbox"/> DELETE | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MADDEN, JOHN | 3.2 NAME | Treasurer |
| STREET ADDRESS | 600 S OCEAN BLVD | 3.3 STREET ADDRESS | Delete Director |
| CITY - ST - ZIP | BOCA RATON FL | 3.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6.4 CITY - ST - ZIP | |

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John Madden, Jr. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Madden, Jr., Treasurer** (561) 395-8332 DATE _____

CR2E037 (9/96)