

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**May 19, 2006 8:00 am**  
**Secretary of State**

05-19-2006 90024 009 \*\*\*\*61.25

**DOCUMENT # 714781**  
1. Entity Name  
**SABAL SHORES APARTMENT ASSOCIATION, INC.**



Principal Place of Business: **600 SOUTH OCEAN BLVD BOCA RATON FL 33432**  
Mailing Address: **600 SOUTH OCEAN BLVD BOCA RATON FL 33432**



2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Country: \_\_\_\_\_

4. FEI Number: **59-1311339**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**BECKER, POLIAKOFF & STREITFELD, PA  
MOLLENGARDEN, PETER C., ESQ.  
500 AUSTRALIAN AVE SOUTH 9TH FLOOR  
WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent  
Name: \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
City: **FL** Zip Code: \_\_\_\_\_

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE: P NAME: WALT, NORMAN STREET ADDRESS: 600 S OCEAN BLVD CITY-ST-ZIP: BOCA RATON FL 33432	<input type="checkbox"/> Delete
TITLE: S NAME: GEORGOPOULOS, LOUIS STREET ADDRESS: 600 S OCEAN BLVD CITY-ST-ZIP: BOCA RATON FL 33432	<input type="checkbox"/> Delete
TITLE: D NAME: STANO, EUGENE STREET ADDRESS: 500 S OCEAN BLVD CITY-ST-ZIP: BOCA RATON FL 33432	<input type="checkbox"/> Delete
TITLE: D NAME: SWIFT, JOHN F STREET ADDRESS: 600 S. OCEAN BLVD CITY-ST-ZIP: BOCA RATON FL 33432	<input type="checkbox"/> Delete
TITLE: D NAME: SHELBY, STANLEY STREET ADDRESS: 600 S. OCEAN BLVD CITY-ST-ZIP: BOCA RATON FL 33432	<input type="checkbox"/> Delete
TITLE: DS NAME: LESSER, CHARLES STREET ADDRESS: 600 S. OCEAN BLVD CITY-ST-ZIP: BOCA RATON FL 33432	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: Director NAME: Roy Barnes STREET ADDRESS: 600 S. Ocean Blvd. CITY-ST-ZIP: Boca Raton, FL 33432	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: Director NAME: Robert Lowe STREET ADDRESS: 600 S. Ocean Blvd. CITY-ST-ZIP: Boca Raton, FL 33432	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE *Charles H. Lesser* **Charles H. Lesser** 5/19/06 (541) 395-8222