

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**

04-04-2008 90015 010 \*\*\*\*61.25

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



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



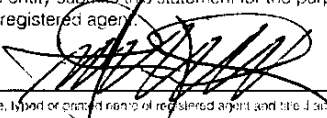
2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
 Zip Country Zip Country

1st MOORE CR2E037 (10/07)  
 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  (NOTE: Registered Agent signature to be used when reinstating) DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

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

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

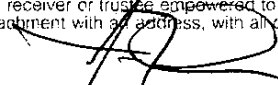
10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>WALT, NORMAN</b>	
STREET ADDRESS	<b>600 S OCEAN BLVD</b>	
CITY- ST- ZIP	<b>BOCA RATON FL 33432</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STANO, EUGENE</b>	
STREET ADDRESS	<b>600 S OCEAN BLVD</b>	
CITY- ST- ZIP	<b>BOCA RATON FL 33432</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>SWIFT, JOHN F</b>	
STREET ADDRESS	<b>600 S. OCEAN BLVD</b>	
CITY- ST- ZIP	<b>BOCA RATON FL 33432</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>BARNES, ROY</b>	
STREET ADDRESS	<b>600 S OCEAN BLVD</b>	
CITY- ST- ZIP	<b>BOCA RATON FL 33432</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>LESSER, CHARLES</b>	
STREET ADDRESS	<b>600 S. OCEAN BLVD</b>	
CITY- ST- ZIP	<b>BOCA RATON FL 33432</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>John Calfa</b>	
STREET ADDRESS	<b>600 S. Ocean Blvd.</b>	
CITY- ST- ZIP	<b>Boca Raton, FL 33432</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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:  **3/20/2008**  
**John F. Swift, Vice President 561-395-8332**