

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714781

FILED  
Apr 13, 2009  
Secretary of State

Entity Name: SABAL SHORES APARTMENT ASSOCIATION, INC.

**Current Principal Place of Business:**

600 SOUTH OCEAN BLVD  
BOCA RATON, FL 33432

**New Principal Place of Business:**

**Current Mailing Address:**

600 SOUTH OCEAN BLVD  
BOCA RATON, FL 33432

**New Mailing Address:**

FEI Number: 59-1311339

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BECKER & POLIAKOFF, P.A.  
% KENNETH S. DIREKETOR, ESQ.  
625 NORTH FLAGLER DRIVE 7TH FLOOR  
WEST PALM BEACH, FL 33401 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WALT, NORMAN  
Address: 600 S OCEAN BLVD  
City-St-Zip: BOCA RATON, FL 33432

Title: D ( ) Delete  
Name: STANO, EUGENE  
Address: 500 S OCEAN BLVD  
City-St-Zip: BOCA RATON, FL 33432

Title: V ( ) Delete  
Name: SWIFT, JOHN F  
Address: 600 S. OCEAN BLVD  
City-St-Zip: BOCA RATON, FL 33432

Title: S ( ) Delete  
Name: BARNES, ROY  
Address: 600 S OCEAN BLVD  
City-St-Zip: BOCA RATON, FL 33432

Title: T ( ) Delete  
Name: LESSER, CHARLES  
Address: 600 S. OCEAN BLVD  
City-St-Zip: BOCA RATON, FL 33432

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: BARNES, ROY  
Address: 600 S. OCEAN BLVD  
City-St-Zip: BOCA RATON, FL 33432

Title: S (X) Change ( ) Addition  
Name: SOLOMON, NANETTE  
Address: 600 S OCEAN BLVD  
City-St-Zip: BOCA RATON, FL 33432

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CHARLES H. LESSER

T

04/13/2009

Electronic Signature of Signing Officer or Director

Date