FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 27 PM 3:11

DOCUMENT # 728926 (7)

1. Corporation Name
SABAL PALM CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5000 SABAL PALM BLVD E TAMARAC FL 33319	5000 SABAL PALM BLVD E TAMARAC FL 33319

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/25/1974
3a. Date of Last Report: 03/14/1994
4. FEI Number: 59-1565548 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

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

9. Name and Address of Current Registered Agent

BECKER & POLIAKOFF
EMERALD LAKE CORPORATE PARK
3111 STIRLING RD
FT LAUDERDALE FL 33312

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	11 TITLE	PRESIDENT	☑ Change ☐ Addition
NAME	MULLENAX, CAROLINA	12 NAME	PETER IANNIELLO	
STREET ADDRESS	4980 SABAL PALM BLVD	13 STREET ADDRESS	5180 SABAL PALM BLVD	
CITY-ST-ZIP	TAMARAC FL	14 CITY-ST-ZIP	TAMARAC FL 33319	
TITLE	VP	21 TITLE	VICE PRESIDENT	☑ Change ☐ Addition
NAME	IANIELLO, PEER	22 NAME	GERARD ZIPPRICH	
STREET ADDRESS	5180 SABAL PALM BLVD	23 STREET ADDRESS	4990 SABAL PALM BLVD	
CITY-ST-ZIP	TAMARAC FL	24 CITY-ST-ZIP	TAMARAC, FL 33319	
TITLE	D	31 TITLE	TREASURER	☐ Change ☐ Addition
NAME	SHANUS, DAVID	32 NAME	ANNIE DURRESNE	
STREET ADDRESS	4980 SABAL PALM BV E	33 STREET ADDRESS	4990 SABAL PALM BLVD	
CITY-ST-ZIP	TAMARAC FL	34 CITY-ST-ZIP	TAMARAC FL 33319	
TITLE	P	41 TITLE	DIRECTOR	☐ Change ☑ Addition
NAME	RAUCHWERGER, HAROLD	42 NAME	ANTHONY GROSSO	
STREET ADDRESS	5180 SABAL PALM BLVD	43 STREET ADDRESS	5180 - SABAL PALM BLVD	
CITY-ST-ZIP	TAMARAC FL	44 CITY-ST-ZIP	TAMARAC FL 33319	
TITLE	SD	51 TITLE	DIRECTOR	☐ Change ☑ Addition
NAME	GROSSO, ALICE	52 NAME	GERALD CIMAFONTE	
STREET ADDRESS	4980 SABAL PALM BV E	53 STREET ADDRESS	4980 SABAL PALM BLVD	
CITY-ST-ZIP	TAMARAC FL	54 CITY-ST-ZIP	TAMARAC FL 33319	
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	ZIPPRICH, GERALD	62 NAME		
STREET ADDRESS	4990 SABAL PALM BLVD	63 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Alice Grosso - ALICE GROSSO SECRETARY 2/20/95 954-727-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0044813