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Mar 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 728926 (7)

1. Corporation Name

SABAL PALM CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

5000 SABAL PALM BLVD E
TAMARAC FL 333195000 SABAL PALM BLVD E
TAMARAC FL 33319-26313. Date Incorporated or Qualified
02/25/19743a. Date of Last Report
03/07/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

59-1565548

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P IANNIELLO, PETER
NAME
STREET ADDRESS 5180 SABAL PALM BLVD
CITY-ST-ZIP TAMARAC FL1.1 TITLE SECRETARY-AT-LARGE
1.2 NAME ALICE GROSSO
1.3 STREET ADDRESS 4980 SABAL PALM BLVD
1.4 CITY-ST-ZIP TAMARAC FL 33319TITLE VP ZIPPRICH, GERARD
NAME
STREET ADDRESS 4990 SABAL PALM BLVD
CITY-ST-ZIP TAMARAC FL2.1 TITLE VICE PRESIDENT
2.2 NAME JACK KAY
2.3 STREET ADDRESS 5180 SABAL PALM BLVD
2.4 CITY-ST-ZIP TAMARAC FL 33315TITLE T DUFRESNE, ANNE
NAME
STREET ADDRESS 4990 SABAL PALM BLVD
CITY-ST-ZIP TAMARAC FL3.1 TITLE HENRY TRIMBALDI
3.2 NAME
3.3 STREET ADDRESS 5180 SABAL PALM BLVD
3.4 CITY-ST-ZIP TAMARAC FL 33315TITLE B PRESIDENT
NAME GROSSO, ANTHONY
STREET ADDRESS 5180 SABAL PALM BLVD
CITY-ST-ZIP TAMARAC FL4.1 TITLE NINA MULLBAX
4.2 NAME
4.3 STREET ADDRESS 4980 SABAL PALM BLVD
4.4 CITY-ST-ZIP TAMARAC FL 33315TITLE B VICE PRESIDENT
NAME CLAFFONE, GERALD
STREET ADDRESS 4980 SABAL PALM BLVD
CITY-ST-ZIP TAMARAC FL5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE D SHANUS, DAVID
NAME
STREET ADDRESS 4980 SABAL PALM BLVD
CITY-ST-ZIP TAMARAC FL6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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: ALICE GROSSO REQUIRED Alice Grosso 2/25/97 971-5510

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0035130

CP2E037 (9/96)