## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1998

DOCUMENT #

SABAL PALM CONDOMINIUM ASSOCIATION, INC.

0,10,1					
Principal Plac	e of Business	Mailing Address			
5000 SABAL P			5000 SABAL PALM BLVD E		3. Date Incorporated or Qualified
TAMARAC FL 3	3319	TAMARAC FL 33319	TAMARAC FL 33319		02/25/1974
					4. FEI Number Applied For
2. Principal Place of Business 2a. Malling Address					<b>59-1565548</b> Not Applicable
	2a. Mailing Address			5. Certificate of Status Desired \$8.75 Additional	
21 26 Suite, Apt. #, etc. Suite, Ap					Fee Required  6. Election Campaign Financing \$5.00 May Be
22		27			Trust Fund Contribution Added to Fees
City & State		City & State			7. Is this nonprofit corporation a homeowners association?
		28	1 - 1		☐ Yes ☐ No
Zip	Country		Zip Country		8. This corporation owes or has paid the correct year intangible
24	25 29 30		30		Personal Property Tex due June 30. Yes No  10. Name and Address of New Registered Agent
9. Name and Address of Current Registered Agent  B1 Name					<del></del>
DECKE	6 00144000				
BECKER & POLIAKOFF  EMERALD LAKE CORPORATE PARK			82	Street	Address (P.O. Box Number is Not Acceptable)
	IRLING RD		83		
	DERDALE FL 33312		_	1 0	
11000	CHUALE I E OOU IZ		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: Re			E: Registered Ac	ent signature	e required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	SA OFFICERS AN	DELETE	1.1 TITLE		TREASURE A Addition
NAME	GROSSO, ALICE		1.2 NAME		AAAULUA MULLENAT
STREET ADORESS	4980 SABAL PALM BLVD			T ADDRESS	4980 - SAARL PALM ALUD
CITY-ST-ZIP	TAMARAC FL		1.4 CITY-		TAMARAC EL
TITLE	T	<b>∑</b> DELETE	2.1 TITLE		Change Addition
NAME	KAY, JACK		2.2 NAME		
STREET ADDRESS	5180 SABAL PALM BLVO		2.3 STREE	T ADDRESS	
CITY-ST-ZIP	TAMARAC FL		2.4 CITY-	ST-2IP	<u> </u>
TITLE	D	DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	TRIMALDOI, HENRY		3.2 NAME		
STREET ADDRESS	5180 SABAL PLAM BLVD			T ADDRESS	
CITY-ST-ZIP	TAMARAC FL	D DELETE	3.4. CITY-	ST-ZIP	
TITLE	PD ANTHONY	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GROSSO, ANTHONY		4. 2 NAME		
STREET ADDRESS	5180 SABAL PALM BLVD TAMARAC FL		4.3 STREE 4.4 CITY -	I ADDRESS	
CITY-ST-ZIP TITLE	VP	DELETE	5.1 TITLE	SI-ZIP	Change Addition
NAME	CLAFFONE, GERALD		5.2 NAME		
STREET ADDRESS	4980 SABAL PALM BLVD			T ADDRESS	1
CITY-ST-ZIP	TAMARAC FL		5.4 CITY-		
TITLE	D	DELETE	6.1 TITLE		Change Addition
NAME	SHANUS, DAVID		6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP TAMARAC FL		6.4 CITY-	ST-ZIP		
		with this filing does not qualify for			ed in Section 119.07(3)(i) Florida Statutes, Lifurther certify that the Information

indicated on this annual report or supplied with unishing does not quality 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 eath; 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.

**FILED** 

Mar 09 1998 8:00am

Secretary of State