


FILE NOW: FILING FEE IS \$61.25

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Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90141 027 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 728926					
1. Corporation Name SABAL PALM CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 5000 SABAL PALM BLVD E TAMARAC FL 33319			Mailing Address 5000 SABAL PALM BLVD E TAMARAC FL 33319		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/25/1974	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1565548	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country			
24 25		29 30			

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 Alice GROSSO - ALICE GROSSO - SECRETARY
 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	T	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	U.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLENAY, CAROLINA		1.2 NAME	WARREN LUTWIN	
STREET ADDRESS	4980 SABAL PALM BLVD		1.3 STREET ADDRESS	5180 SABAL PALM BLVD	
CITY-ST-ZIP	TAMARAC FL		1.4 CITY-ST-ZIP	TAMARAC FL 33315	
TITLE	D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRIMALDOI, HENRY		2.2 NAME	WARREN LUTWIN	
STREET ADDRESS	5180 SABAL PALM BLVD		2.3 STREET ADDRESS	5180 SABAL PALM BLVD	
CITY-ST-ZIP	TAMARAC FL		2.4 CITY-ST-ZIP	TAMARAC FL 33315	
TITLE	PD	<input type="checkbox"/> DELETE	3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSSO, ANTHONY		3.2 NAME	MICHAEL HALLAY	
STREET ADDRESS	5180 SABAL PALM BLVD		3.3 STREET ADDRESS	5180 SABAL PALM BLVD	
CITY-ST-ZIP	TAMARAC FL		3.4 CITY-ST-ZIP	TAMARAC FL 33315	
TITLE	VP	<input checked="" type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAFFONE, GERALD		4.2 NAME		
STREET ADDRESS	4980 SABAL PALM BLVD		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHANUS, DAVID		5.2 NAME		
STREET ADDRESS	4980 SABAL PALM BLVD		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL		5.4 CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALICE GROSSO		6.2 NAME		
STREET ADDRESS	4980 SABAL PALM BLVD		6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL 33315		6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE: Alice GROSSO
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 984-971-5710 Daytime Phone #

CR2E037 (1/98)