

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 728926

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1565548

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LUTWIN, WARREN 5180 SABAL PALM BLVD. TAMARAC FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LUTWIN, BARBARA 5180 SABAL PALM BLVD TAMARAC FL 33315	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALLAY, MICHAEL 5180 SABAL PALM BLVD TAMARAC FL 33315	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GROSSO, ANTHONY 5180 SABAL PALM BLVD TAMARAC FL 33319	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHANUS, DAVID 4980 SABAL PALM BLVD TAMARAC FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GROSSO, ALICE 4980 SABAL PALM BLVD TAMARAC FL 33315	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div>V.P. <input type="checkbox"/> Change <input type="checkbox"/> Addition Peter Janicello 5180 Sabal Palm Blvd Tamarac FL 33319</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div>Joe Stiskin <input type="checkbox"/> Change <input type="checkbox"/> Addition 4980 Sabal Palm Blvd. Tamarac, FL 33319</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div>Henry Crinaldi <input type="checkbox"/> Change <input type="checkbox"/> Addition 5180 Sabal Palm Blvd. Tamarac, FL 33319</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div>Donald Ciappare <input type="checkbox"/> Change <input type="checkbox"/> Addition 4980 Sabal Palm Blvd Tamarac FL 33319</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90347 049 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)