


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 17, 2004 8:00 am
Secretary of State

05-17-2004 90013 036 ****61.25

DOCUMENT # 746830 1. Entity Name THE GARDENS OF SABAL PALM CONDOMINIUM RESIDENCES "1" INC.					
Principal Place of Business 5155 E SABAL PALM BLVD TAMARAC FL 33319-2665			Mailing Address 5155 E SABAL PALM BLVD TAMARAC FL 33319-2665		
2. Principal Place of Business <i>Integrity Property Management, Inc</i> Suite, Apt. #, etc. PO Box 8726		3. Mailing Address Suite, Apt. #, etc. SAM			
City & State Coral Springs, FL		City & State Coral Springs, FL		4. FEI Number 59-2028601	
Zip 33075-8726		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FISCHER, STEVEN P 300 S. PINE ISLAND RD., SUITE 110 PLANTATION FL 33324			7. Name and Address of New Registered Agent Name Cindy Whittle Street Address (P.O. Box Number is Not Acceptable) 953 N. University Dr City Coral Springs FL Zip Code 33071		
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>Cynthia Whittle</i> DATE 5/1/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MEARS, MARIE 5155 E SABAL PALM BLVD TAMARAC FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Lisbeth Suarez 6075 SABAL PALM BLVD D910 TAMARAC, FL 33319	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS STEIN, K 5155 E SABAL PALM BLVD TAMARAC FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Arsen Davidson 6075 SABAL PALM BLVD D108 TAMARAC FL 33319	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BIXLER, R. 5155 E SABAL PALM BLVD TAMARAC FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV FIOL, SYLVIA 5155 E SABAL PALM BLVD TAMARAC FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DESANTIS, TEO 5155 E SABAL PALM BLVD TAMARAC FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>Donald M. Cole</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 5/12/04 Daytime Phone # 954-747-3372		