

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90039 006 ****61.25

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DOCUMENT # 746830 1. Entity Name THE GARDENS OF SABAL PALM CONDOMINIUM RESIDENCES*1" INC.					
Principal Place of Business INTEGRITY PROPOERTY MGMT., INC. P.O. BOX 8726 CORAL SPRINGS, FL 33075-8726			Mailing Address INTEGRITY PROPOERTY MGMT., INC. P.O. BOX 8726 CORAL SPRINGS, FL 33075-8726		
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 59-2028601	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WHITTIER, CINDY 953 N UNIVERSITY DR. CORAL SPRINGS, FL 33071				Name: <u>Whittier, Cindy</u> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
Filing Fee is \$61.25 Due by May 1, 2005		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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SUAREZ, LISBETH		NAME		
STREET ADDRESS	6075 SABAL PALM BLVD, #D310		STREET ADDRESS		
CITY-ST-ZIP	TAMARAC, FL 33319		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAVIDSON, ARSEN		NAME		
STREET ADDRESS	6075 SABAL PALM BLVD., #D108		STREET ADDRESS		
CITY-ST-ZIP	TAMARAC, F; 33319		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BIXLER, R.		NAME		
STREET ADDRESS	5155 E SABAL PALM BLVD		STREET ADDRESS		
CITY-ST-ZIP	TAMARAC, FL		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FIOL, SYLVIA		NAME		
STREET ADDRESS	5155 E SABAL PALM BLVD		STREET ADDRESS		
CITY-ST-ZIP	TAMARAC, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DESANTIS, TEO		NAME		
STREET ADDRESS	5155 E SABAL PALM BLVD		STREET ADDRESS		
CITY-ST-ZIP	TAMARAC, FL		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Ronald M. Bixler</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>01/12/05</u> Daytime Phone #: <u>754-422-8678</u>		