

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746830

FILED
Apr 20, 2009
Secretary of State

Entity Name: THE GARDENS OF SABAL PALM CONDOMINIUM RESIDENCES"1" INC.

Current Principal Place of Business:

1304 EAST ATLANTIC BLVD.
SUITE C
POMPANO BEACH, FL 33060

New Principal Place of Business:

631 EAST ATLANTIC BLVD.
POMPANO BEACH, FL 33060

Current Mailing Address:

P.O. BOX 802
POMPANO BEACH, FL 33061

New Mailing Address:

FEI Number: 59-2028601

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TMG MANAGEMENT
1304 E. ATLANTIC BLVD.
SUITE C
POMPANO BEACH, FL 33060 US

Name and Address of New Registered Agent:

TMG MANAGEMENT
631 E. ATLANTIC BLVD.
POMPANO BEACH, FL 33060 US

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: TERRY MCGREGOR

04/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MARTINEZ, WINSTON
Address: 5155 SABAL PALM BLVD, #A101
City-St-Zip: TAMARAC, FL 33319

Title: S () Delete
Name: STAVRAKIS, HELEN
Address: 6075 SABAL PALM BLVD., #D306
City-St-Zip: TAMARAC, FL 33319

Title: T () Delete
Name: BIXLER, RON
Address: 5155 SABAL PALM BLVD., #A210
City-St-Zip: TAMARAC, FL 33319

Title: D (X) Delete
Name: INVERNO, DEBRA
Address: 6075 SABAL PALM BLVD., #D309
City-St-Zip: TAMARAC, FL 33319

Title: VP () Delete
Name: DESANTIS, TEO
Address: 6075 SABAL PALM BLVD. N., #D302
City-St-Zip: TAMARAC, FL 33319

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LLOYD, SANDRA
Address: 6075 SABAL PALM BLVD, N.#D207
City-St-Zip: TAMARAC, FL 33319

Title: S (X) Change () Addition
Name: STAVRAKIS, HELEN
Address: 6075 SABAL PALM BLVD. N., #D306
City-St-Zip: TAMARAC, FL 33319

Title: T (X) Change () Addition
Name: MEARS, MARIE
Address: 6075 SABAL PALM BLVD. N., #D205
City-St-Zip: TAMARAC, FL 33319

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERRY MCGREGOR

MR

04/20/2009

Electronic Signature of Signing Officer or Director

Date