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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 27 PM 4:12

DOCUMENT # **N03527** (1)

1. Corporation Name
SABAL RIDGE CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**100 SABAL RIDGE CIR
PALM BEACH GARDENS FL 33410-2132**

3. Date Incorporated or Qualified **06/08/1984** 3a. Date of Last Report **01/25/1994**
4. FEI Number **59-2463780** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 28 Zip 30 Country

9. Name and Address of Current Registered Agent
**ST. JOHN & KING
500 AUSTRALIAN AVENUE SOUTH
SUITE 800
W PALM BEACH FL 33401**

10. Name and Address of New Registered Agent
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MCCOMBS, ELIZABETH 1901-A SABAL RIDGE CT. PALM BCH GARDENS FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MCNAIR, ROBERT 1001-C SABAL RIDGE CIR PALM BCH GARDENS FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD OVSIOVITCH, MARJORIE 801-D SABLA RIDGE CIR PALM BCH GARDENS FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NESPOLA, CHARLES 501-C SABAL RIDGE CIR PALM BCH GARDENS FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GILES, MARTHA 1001-B SABAL RIDGE CIR PALM BCH GARDENS FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BOTTOMS, FREDERICK 401-A SABAL RIDGE CIR PALM BCH GARDENS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	TREASURER FISHER, RALPH /301-F SABAL RIDGE CIRCLE PALM BCH GARDENS, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	D ANTONUCCI, NEIL 301-E SABAL RIDGE CIRCLE PALM BCH GARDENS, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	D McALISTER, WILLIAM 601-E SABAL RIDGE CIRCLE PALM BCH GARDENS, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), 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.

SIGNATURE: Marjorie Ovsiovitck - President 407-694-8634
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #