

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 6/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N03527 (1)
 1. Corporation Name
SABAL RIDGE CONDOMINIUM ASSOCIATION, INC.



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 **01/27/1995**
 4. FEI Number **59-2463780** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
 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 Country 28 Zip Country
 24 25 29 30

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCOMBS, ELIZABETH	1.2 NAME	
STREET ADDRESS	1901-A SABAL RIDGE CT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GARDENS FL	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHER, RALPH	2.2 NAME	
STREET ADDRESS	1301-F SABAL RIDGE CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OVSIOVTCH, MARJORIE	3.2 NAME	
STREET ADDRESS	801-D SABLA RIDGE CIR	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GARDENS FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NESPOLA, CHARLES	4.2 NAME	
STREET ADDRESS	501-C SABAL RIDGE CIR	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GARDENS FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTONUCCI, NEIL	5.2 NAME	
STREET ADDRESS	301-E SABAL RIDGE CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCALISTER, WILLIAM	6.2 NAME	
STREET ADDRESS	601-E SABAL RIDGE CIRCLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	6.4 CITY-ST-ZIP	

T
Joseph DesRochers
1301-A Sabal Ridge Circle
P Palm Beach Gardens, FL
 Change Addition
Betty Maloney
1901-H Sabal Ridge Court
Palm Beach Gardens, FL
 Change Addition
D Virginia Groover
501-B Sabal Ridge Circle
Palm Beach Gardens, FL
 Change Addition
D Bob McNair
1001-C Sabal Ridge Circle
Palm Beach Gardens, FL
 Change Addition
D Pauline Jones
801-A Sabal Ridge Circle
Palm Beach Gardens, FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not further certify that the information indicated on this annual report or supplemental annual report is made under oath, that I am an officer or director of the corporation or the receiver or trustee emp that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**
Betty Maloney - President
 Date **7/1/96** Daytime Phone # _____

CR2E037 (3/96)