## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

N03527

(1)

DOCUMENT # NO3527 (1)  SABAL RIDGE CONDOMINIUM ASSOCIATION, INC.				
Principal Place of Business Mailing Address				
100 SABAL RIDGE CIR PALM BEACH GARDENS FL 33410-2132  100 SABAL RIDGE CIR PALM BEACH GARDENS FL 33418-8902			33418-8902	
				3. Date Incorporated or Qualified 06/08/1984 3a. Date of Last Report 07/05/1996
2. Principal Place of Business 2a. Malling Address 21 26		2a. Malling Address		4. FEI Number Applied For 59-2463780 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired Security Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Ζιρ	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes   No
24	25 Name and Address of Curren	29   3 It Registered Agent	01	10. Name and Address of New Registered Agent
81 Nar@oolland Dalia Kase				
ST. JOHN & KING			82 Street	Address (B.O. Box Number is Not Assentable)
500 AUSTRALIAN AVENUE SOUTH			<b>1°</b> 15°5°	Address (P.O. Box Number is Not Agreptable) South
SUITE 800			83 0	th floor
W PALM BEACH FL 33401			84 City	S O BS Zin Code
			1   U	) 15 (b) FL [13340]
SIGNATURE	Y	Kenneth S. DITEKTON	·	corporation submits this statement for the purpose of changing its registered coration's board of directors. I hereby accept the appointment as registered  2/20/97
	Signature, typical or printed name of registered ago OFFICERS AN		Registered Agent signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	VP OF FOCA AN	X DELETE		Change
NAME	MCCOMBS, ELIZABETH	$\sim$	1.2 NAME	Anna Einholz 1301-4 subal Riage Circle PBG., 12 33410
STREET ADDRESS	1901-A SABAL RIDGE CT.		1.3 STREET ADDRESS	1301-H Sabal Ridge Cirkle
CITY-ST-ZIP	PALM BCH GARDENS FL		1.4 CITY-ST-ZIP	PBG-1, PL 33418
THLE	T	DELETE	2.1 TITLE	Change Addition
NAME	DESROCHERS, JOSEPH		2.2 NAME	
STREET ADDRESS	1301-A		2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL		2 4 CITY-ST-ZIP	
TITLE	Р	☐ DELETE	3.1 TITLE	Change Addition
NAME	MALONEY, BETTY		3.2 NAME	
STREET ADDRESS	1901-H		3.3 STREET ADORESS	
CITY - S1 - ZIP	PALM BCH GARDENS FL		3.4. CITY-ST-ZIP	
TITLE	D	DELETE	4.1 TITLE	Change Addition
NAME	GROOVER, VIRGINIA		4. 2 NAME	
STREET ADDRESS	501-C SABAL RIDGE CIR		4.3 STREET ADDRESS	
CITY - S1 - ZIP	PALM BCH GARDENS FL	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	Change Addition
TITLE	D NCNAID BOB	[ ] precit	5.2 NAME	bund Pharmon
NAME	MCNAIR, BOB		5.2 NAME 5.3 STREET ADDRESS	
STREET ADDRESS	1001-C   Palm Beach Gardens Fl		5.4 CITY-ST-ZIP	
CITY-ST-ZIP TITLE	78-	DELETE	6.1 TITLE	VP ☐ Change ☐ Addition
NAME	JONES, PAULINE	FT SPECE	6.2 NAME	V 1
	801-A SABAL RIDGE CIRCLE	:	6.3 STREET ADDRESS	
STREET ADDRESS	DALM REACH GARDENS FL	•	6.4 City_Ct_7iP	

14. I do 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 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: ....

TAND TYPES OF BRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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**FILED** 

Feb 28 1997 8:00am

Secretary of State