NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## **DOCUMENT # N03527**

1. Corporation Name

SABAL RIDGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

2. Principal Place of Business

Mailing Address

2a. Mailing Address

100 SABAL RIDGE CIR PALM BEACH GARDENS FL 33410-2132 100 SABAL RIDGE CIR PALM BEACH GARDENS FL 33410-2132

## FILED Mar 22, 1999 8:00 am § Secretary of State

03-22-1999 90111 013 \*\*\*\*61.25

\* 2 5 8 3 8 6 \* 250386 - 90111 - 13

3. Date Incorporated or Qualifed



21 100 5	ABAL Ridge Circle	26 100 SABAL 6	Ridge.	ررمدلو	. 06/08/1984				
Suite, Apt.		Suite, Apt. #, etc.			4. FEI Number		Арр	lied For	
22	_	27			5 <del>9-</del> 2463780		Not	Applicable	
City & Stat	e .	City & State		_	5. Certificate of Status Desired		\$8.75 A		
23 PAL-	Beach GARdens, FL	28 Pain Beach	Curgi	ens Fo	Certificate of States Bearing		Fee Rec	uired	
Zip	Country	Zip	Count	ry	6. Election Campaign Financing	9 🗆	\$5.00 1	/lay Be	
24 334	18 25	29 33418	30		Trust Fund Contribution		Added to	Fees	
<del></del>	9. Name and Address of Current I	Registered Agent			10. Name and Address of New	Registered A	\gent		
			8	1 Name	PAVATS YAT	LEVIN	4 E		
BECKER & POLIAKOFF				82 Street Address (P.O. Box Number is Not Acceptable)					
500 AUSTRALIAN AVE S				2 SOO N. MILITARY TRAIL SUITE 275					
-9TH FLOOR ->				3					
W PALM BEACH FL 33401				4 City			85 Zip C	ode	
				BOCA	RATOM	FL	33	431	
11. Pursuant	to the provisions of Sections 617,0502	and 617.1508, Florida Statute	s, the abo	ve-named co	rporation submits this statement for the	e purpose of c	hanging its r	egistered	
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such change was au	Jinorizea u	A rue corbora	ation's board of directors, I hereby acc	api me appoin	aneni as reg	1310100	
	de la	Z			3	117.1	99		
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Aç	jent signature requ	ulred when reinstating)	DATE			
12.	OFFICERS AND DIRECTORS				ADDITIONS/CHANGES TO C	FFICERS AN			
TITLE	D	☐ DELETE	1.1 TITLE		P		Change	☐ Addition	
NAME	EINHOLZ, ANNA		1.2 NAMI	į .   <b>E</b>	HHOLE, ANNA	r			
STREET ADDRESS					401-H SABAL Ridge				
CITY-ST-ZIP	PALM BEACH GARDENS FL 334	18	1.4 CITY	ST-ZIP	alm Beach Gardens , FL	33418			
TITLE	P	☐ DELETE	2.1 TITLE				Change	Addition	
NAME	MCCOMBS, BETTE		2.2 NAMI	<b>.</b>					
STREET ADDRESS	8 BALFOUR ROAD		2.3 STRE	ET ADDRESS					
CITY-ST-ZIP	PALM BEACH GARDENS FL 334	18	2. 4 CITY	-ST-ZIP					
TITLE	V CONSTITUTION	DELETE	3.1 TITLE	7		· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition	
NAME	MALONEY BETTY		3.2 NAM	<b>₽</b>  ⊅	ALEY , Dorothy	_			
STREET ADDRESS	1901 H SABAL RIDGE CIRCLE		3.3 STR	EET ADDRESS	401-D SABAL Ridge (				
CITY-ST-ZIP	PALM BCH GARDENS FL 33418		3.4. CITY	-ST-ZIP	Palm Bench GARdens,	FL 334	118		
TITLE	S	☐ DELETE	4.1 TITLE				Change	Additio	
NAME	OVSLOVITCH, MARJORIE		4.2 NAM	E					
STREET ADDRESS	801-D SABAL RIDGE CIRCLE		4.3 STRE	EET ADDRESS					
CITY-ST-ZIP	PALM BCH GARDENS FL 33418	_	4.4 CITY	-ST-ZIP					
TITLE	D X	DELETE	5.1 TITLE	1 =			Change	Addition	
NAME	MCNAIR BOB	Ψ,	5.2 NAM	E   18	BOTTOMS, ARLAME	_			
STREET ADDRESS	1001-C SABAL RIDGE CIRCLE		5.3 STRE	EET ADDRESS 4	401-A SABAL Ridge	Cinche			
CITY-ST-ZIP	PALM BEACH GARDENS FL 334	18	5.4 CITY	-ST-ZIP	Palm Beach Gardens, 1	L 334	8		
TITLE	T	DELETE	6.1 TITLE			<del></del>	Change	☐ Additio	
NAME	EIGHED DAIDH	<u> </u>	6.2 NAM	E					
	FISHER, RALPH		6.3 STR	EET ADDRESS					
STREET ADDRESS	100   1   01   10   10   10   10   10	40	6.4 CITY	*					
CITY-ST-ZIP	I PALM REACH GARDENS EL 334	10	0.4 0111	J. 2.					

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 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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR PRECTOR

3/12/99

(561) 694-8634

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## **Block 12 ( Continued)**

Director McAlister, William 601-E Sabal Ridge Circle Palm Beach Gardens, FL 33418