

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N03527**

1. Entity Name

SABAL RIDGE CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90023 017 ****61.25

Principal Place of Business

100 SABAL RIDGE CIR
 PALM BEACH GARDENS FL 33418

Mailing Address

100 SABAL RIDGE CIR
 PALM BEACH GARDENS FL 33418-8902

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2463780

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LEVINE, JAY S
2500 N. MILITARY TRAIL, SUITE 275
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	EINHOLZ, ANNA	
STREET ADDRESS	1401-H SABAL RIDGE CIRCLE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCOMBS, BETTE	
STREET ADDRESS	8 BALFOUR ROAD	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	D	<input type="checkbox"/> Delete
NAME	DALEY, DOROTHY	
STREET ADDRESS	401-D SABAL RIDGE CIRCLE	
CITY-ST-ZIP	PALM BCH GARDENS FL 33418	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	OVSLOVITCH, MARJORIE	
STREET ADDRESS	801-D SABAL RIDGE CIRCLE	
CITY-ST-ZIP	PALM BCH GARDENS FL 33418	
TITLE	S	<input type="checkbox"/> Delete
NAME	BOTTOMS, ARLENE	
STREET ADDRESS	401-A SABAL RIDGE CIRCLE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	FISHER, RALPH	
STREET ADDRESS	1301-F SABAL RIDGE CIRCLE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARDI, Joseph	
STREET ADDRESS	2101-G Sabal Ridge Court	
CITY-ST-ZIP	Palm Beach Gardens, FL 33418	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McNAIR, Robert	
STREET ADDRESS	1001-C Sabal Ridge Circle	
CITY-ST-ZIP	Palm Beach Gardens FL 33418	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOROTHY RAPHAELSON	
STREET ADDRESS	1601-D Sabal Ridge Circle	
CITY-ST-ZIP	Palm Beach Gardens, FL 33418	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Arlene Bottoms* **TREASURER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/00

Date

(561) 694-8634

Daytime Phone #

CFR2037 (9/99)