


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90245 044 ****61.25

DOCUMENT # N03527
 1. Entity Name
SABAL RIDGE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
100 SABAL RIDGE CIR **100 SABAL RIDGE CIR**
PALM BEACH GARDENS FL 33418 **PALM BEACH GARDENS FL 33418**

04035407



MOORE CR2E037 (11/03)

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **59-2463780** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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. I am familiar with, and accept the obligations of registered agent.

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 Due By May 1, 2004 9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees** **Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	T	BLAKE, AL	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		1301-H SABAL RIDGE CIRCLE	
CITY-ST-ZIP		PALM BEACH GARDENS FL 33418	
TITLE	VP	APUGLIESE, NICHOLAS	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		901E SABAL RIDGE CIRCLE	
CITY-ST-ZIP		PALM BEACH GARDENS FL 33418	
TITLE	P	DALEY, DOROTHY	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		401-D SABAL RIDGE CIRCLE	
CITY-ST-ZIP		PALM BCH GARDENS FL 33418	
TITLE	D	CASTNER, CLAIRE	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		101-H SADAL RIDGE CIRCLE	
CITY-ST-ZIP		PALM BCH GARDENS FL 33418	
TITLE		BOTTOMS, ARLENE	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		401-A SABAL RIDGE CIRCLE	
CITY-ST-ZIP		PALM BEACH GARDENS FL 33418	
TITLE	D	SAXTON, JEFFREY	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		701-D SABAL RIDGE CRICLE	
CITY-ST-ZIP		PALM BEACH GARDENS FL 33418	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	MARINELLI, Vincent	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			
STREET ADDRESS		1101-H Sabal Ridge Ca.	
CITY-ST-ZIP		Palm Beach Gardens, FL 33418	
TITLE	S	McCabe, Joan	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			
STREET ADDRESS		101-A Sabal Ridge Ca	
CITY-ST-ZIP		Palm Beach Gardens, FL 33418	
TITLE	T	Fisher, Ralph	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			
STREET ADDRESS		1701-A Sabal Ridge Circle	
CITY-ST-ZIP		Palm Beach Gardens, FL 33418	
TITLE	D	SEmon, Doris	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			
STREET ADDRESS		1301-A Sabal Ridge Ca	
CITY-ST-ZIP		Palm Beach Gardens, FL 33418	
TITLE	VP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	D	Desimone, Charlene	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			
STREET ADDRESS		1201-G Sabal Ridge Ca.	
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* Arlene Bottoms 4/14/04 (561)694-8634
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #