


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90382 045 \*\*\*\*61.25

**DOCUMENT # N03527**

1. Entity Name  
**SABAL RIDGE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
 100 SABAL RIDGE CIR  
 PALM BEACH GARDENS, FL 33418

Mailing Address  
 100 SABAL RIDGE CIR  
 PALM BEACH GARDENS, FL 33418

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country

01132005 Chg-NP CR2E037 (10/03)

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 \_\_\_\_\_ DATE 4/13/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2005**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: P NAME: MARINELLI, VINCENT STREET ADDRESS: 1101-H SABAL RIDGE CR CITY-ST-ZIP: PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: MCCABE, JOAN STREET ADDRESS: 101-A SABAL RIDGE CR CITY-ST-ZIP: PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: FISHER, RALPH STREET ADDRESS: 1701-A SABAL RIDGE CR CITY-ST-ZIP: PALM BCH GARDENS, FL 33418	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: SEMON, DORIS STREET ADDRESS: 1301-A SABAL RIDGE CR CITY-ST-ZIP: PALM BCH GARDENS, FL 33418	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: SEMON, DORIS STREET ADDRESS: 1301-A SABAL RIDGE CR CITY-ST-ZIP: PALM BEACH GARDENS, FL 33418	<input checked="" type="checkbox"/> Delete	TITLE: <del>Bottoms</del> VP NAME: Bottoms, Aalene STREET ADDRESS: 401-A Sabal Ridge Circle CITY-ST-ZIP: Palm Beach Gardens, FL 33414	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: DESIMONE, CHARLENE STREET ADDRESS: 1201-G SABAL RIDGE CR CITY-ST-ZIP: PALM BEACH GARDENS, FL 33418	<input checked="" type="checkbox"/> Delete	TITLE: D NAME: BEALS, Lanny STREET ADDRESS: 1501-A Sabal Ridge Circle CITY-ST-ZIP: Palm Beach Gardens, FL 33418	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Ralph Fisher DATE: 4/13/05 (561)694-8634

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #