


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90027 040 ****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 Zip Country

4002



03082006 Chg-NP CR2E037 (11/05)

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

Filing Fee is \$61.25 Due by May 1, 2006

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 NAME STREET ADDRESS CITY-ST-ZIP | P MARINELLI, VINCENT 1101-H SABAL RIDGE CR PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S MCCABE, JOAN 101-A SABAL RIDGE CR PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T FISHER, RALPH 1701-A SABAL RIDGE CR PALM BCH GARDENS, FL 33418 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SEMON, DORIS 1301-A SABAL RIDGE CR PALM BCH GARDENS, FL 33418 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP BOTTOMS, ARLENE 401-A SABAL RIDGE CIR PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BEALS, LARRY 1501-A SABAL RIDGE CIR PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|---------------------------------------|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP MARINELLI, Vincent <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D METCALF, P. Lynn 1701-H Sabal Ridge Circle Palm Beach Gardens, FL 33418 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D NAWOCZENSKI, MARYANNE 1701-E Sabal Ridge Circle Palm Beach Gardens FL 33418 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Bottoms, Arlene <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Beals, Larry <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 4/5/06 Daytime Phone #: 561 694 8634