


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90093 001 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 59-2463780	
Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	VP MARINELLI, VINCENT 1101-H SABAL RIDGE CR PALM BEACH GARDENS, FL 33418	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT & DIRECTOR DORIS SEMON 100 SABAL RIDGE CIRCLE PALM BEACH GARDENS, FL 33418	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCCABE, JOAN 101-A SABAL RIDGE CR PALM BEACH GARDENS, FL 33418	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER & DIRECTOR ANNA GAUNT 100 SABAL RIDGE CIRCLE PALM BEACH GARDENS, FL 33418	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FISHER, RALPH 1701-A SABAL RIDGE CR PALM BCH GARDENS, FL 33418	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY & DIRECTOR WILMA O'CONNELL 100 SABAL RIDGE CIRCLE PALM BEACH GARDENS, FL 33417	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATCALF, LYNN P 1701-H SABAL RIDGE CIRCLE PALM BEACH GARDENS, FL 33418+	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT & DIRECTOR	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOTTOMS, ARLENE 401-A SABAL RIDGE CIR PALM BEACH GARDENS, FL 33418	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MARY ANNE NAWOJCZENSKI 100 SABAL RIDGE CIRCLE PALM BEACH GARDENS, FL 33418	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BEALS, LARRY 1501-A SABAL RIDGE CIR PALM BEACH GARDENS, FL 33418	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR CARRIE WOOD 100 SABAL RIDGE CIRCLE PALM BEACH GARDENS, FL 33418	
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: <i>Doris Semon</i>			Date: 3/15/07 Daytime Phone #: 561-630-3133		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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