

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED  
AND  
FILED**

95 MAY -1 PH 6:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N20609 (6)**

1. Corporation Name  
**SABAL LAKE WEST OF BOCA WEST CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
~~6365 NW 6TH WAY #100 FT. LAUDERDALE FL 33309~~  
~~6365 NW 6TH WAY #160 FT. LAUDERDALE FL 33309~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/12/1987** 3a. Date of Last Report **04/18/1994**  
4. FEI Number **65-0239046** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 **441 South Federal** 26 **441 South Federal**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **HIGHWAY** 27 **HIGHWAY**  
City & State City & State  
23 **DEERFIELD BEACH FL** 28 **DEERFIELD BEACH FL**  
Zip Country Zip Country  
24 **33441** 25 **FL USA** 29 **33441** 30 **USA**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**SUHANDRON, KENNETH**  
~~6365 NW 6TH WAY #100 FT. LAUDERDALE FL 33309~~

10. Name and Address of New Registered Agent  
B1 Name **Suhandron, Kenneth Dr.**  
B2 Street Address (P.O. Box Number is Not Acceptable) **C/O DIME**  
B3 **441 South Federal Highway**  
B4 City **Deerfield Beach** FL Zip Code **33441**

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Kenneth Suhandron* DATE **4, 4, 95**  
Signature typed or printed name of registered agent and the agent (NOTE: Registered Agent signature required when installing)

12. OFFICERS AND DIRECTORS	
TITLE	<del>PD</del>
NAME	<b>SEIPP, ULRICH</b>
STREET ADDRESS	<b>100 N. BISCAYNE BLVD.</b>
CITY, ST, ZIP	<b>MIAMI FL</b>
TITLE	<del>VD</del>
NAME	<del>APORTA, ARNOLD</del>
STREET ADDRESS	<del>100 N. BISCAYNE BLVD.</del>
CITY, ST, ZIP	<del>MIAMI FL</del>
TITLE	<b>D</b>
NAME	<b>SUHANDRON, KENNETH</b>
STREET ADDRESS	<b>6365 NW 6TH WAY #160</b>
CITY, ST, ZIP	<b>FT. LAUDERDALE FL 33309</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>D. Seipp Ulrich</b>
13 STREET ADDRESS	<b>103 N. Biscayne Blvd</b>
14 CITY, ST, ZIP	<b>Miami FL</b>
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>D Jeannie Morris</b>
23 STREET ADDRESS	<b>441 South Federal Highway</b>
24 CITY, ST, ZIP	<b>Deerfield Beach, FL 33441</b>
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>Same</b>
33 STREET ADDRESS	<b>441 South Federal Highway</b>
34 CITY, ST, ZIP	<b>Deerfield Beach, FL 33441</b>
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	<b>200001521402</b>
44 CITY, ST, ZIP	<b>-06/23/95--01009--016</b>
51 TITLE	<b>****130.00 *****30.00</b>
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Kenneth Suhandron* **KENNETH SUHANDRON** 4/4/95 2056289001  
(Signature) (Typed Name)

*5/1/95*  
**REMITTED BY MAY 1**