


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 02 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 441 SOUTH FEDERAL HIGHWAY DEERFIELD BEACH FL 33441 | Mailing Address 441 SOUTH FEDERAL HIGHWAY DEERFIELD BEACH FL 33441 |
|--|--|

3. Date Incorporated or Qualified
05/12/1987

| | |
|------------------------------------|---|
| 4. FEI Number 65-0239046 | Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable |
|------------------------------------|---|

| | |
|---|--|
| 2. Principal Place of Business 21 5295 TOWN CENTER RD Suite, Apt. #, etc. 22 # 200 City & State 23 BOCA RATON FL Zip 24 33486 Country 25 USA | 2a. Mailing Address 26 5295 TOWN CENTER RD Suite, Apt. #, etc. 27 #200 City & State 28 BOCA RATON FL Zip 29 33486 Country 30 |
|---|--|

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**SUHANDRON, KENNETH
C/O DMI
441 SOUTH FEDERAL HIGHWAY
DEERFIELD BEACH FL 33441**

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name LANG MANAGEMENT CO. |
| 82 Street Address (P.O. Box Number Is Not Acceptable) 5295 TOWN CENTER RD |
| 83 #200 |
| 84 City BOCA RATON FL 85 Zip Code 33486 |

11. Pursuant to the provisions of Sections 617.0602 and 617.1508, 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 617.0603, Florida Statutes.

SIGNATURE *[Signature]* DATE **2/11/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE D | <input checked="" type="checkbox"/> DELETE |
| NAME SEIPP, ULRICH | |
| STREET ADDRESS 100 N. BISCAYNE BLVD. | |
| CITY-ST-ZIP MIAMI FL | |
| TITLE D | <input checked="" type="checkbox"/> DELETE |
| NAME MORRIS, JEANNIE | |
| STREET ADDRESS 441 SOUTH FEDERAL HIGHWAY | |
| CITY-ST-ZIP DEERFIELD BEACH FL 33441 | |
| TITLE PD | <input checked="" type="checkbox"/> DELETE |
| NAME SUHANDRON, KENNETH | |
| STREET ADDRESS 441 SOUTH FEDERAL HIGHWAY | |
| CITY-ST-ZIP DEERFIELD BEACH FL 33441 | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--|--|
| 1.1 TITLE P D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME NANTAIS, LOU | |
| 1.3 STREET ADDRESS 19181 SABAL LAKE DRIVE | |
| 1.4 CITY-ST-ZIP BOCA RATON, FL 33434 | |
| 2.1 TITLE VP/D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME SUHANDRON, KEN | |
| 2.3 STREET ADDRESS 441 SOUTH FEDERAL HIGHWAY | |
| 2.4 CITY-ST-ZIP DEERFIELD BEACH, FL 33441 | |
| 3.1 TITLE S/D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME SEIPP, ULRICH | |
| 3.3 STREET ADDRESS 1428 BRICKELL AVE # 105 | |
| 3.4 CITY-ST-ZIP MIAMI, FLORIDA 33131 | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. 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 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: *[Signature]* DATE **1/22/98** **852-0036**

CF2E037 (10/97)