## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## 1999 DOCUMENT # N20609

Corporation Name

SABAL LAKE WEST OF BOCA WEST CONDOMINIUM ASSOCIATION, INC.

5295 TOWN CENTER ROAD
#200 BOCA RATON FL 33486 US

2. Principal Place of Business

Suite, Apt. #, etc.

22

Principal Place of Business

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

5295 TOWN CENTER ROAD #200 BOCA RATON FL 33486

US

26

27



03-10-1999 90065 041 \*\*\*\*70.00

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3. Date Incorporated or Qualifed

05/12/1987

65-0239046

4. FEI Number

Zip   Country   Zip   Country   Zip   Country   6. Electrical Campalign Financing   S5.00 May Be   Addition   Added to Fees   St.	City & State	9	City & State			5. Certifcate of Status Desired	$   \mathbf{Z} $	\$8.75 AG	
Zip   Country   Zip   Country   Zip   Country   Countr	23		28		<del></del>			Fee Req	uirea
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Name  12. Street Address (P.O. Box Number is Not Acceptable)  13. Name  14. Oily  15. Street Address (P.O. Box Number is Not Acceptable)  15. Street Address (P.O. Box Number is Not Acceptable)  15. Street Address (P.O. Box Number is Not Acceptable)  15. Street Address (P.O. Box Number is Not Acceptable)  16. Street Address (P.O. Box Number is Not Acceptable)  17. Pursuant to the provisions of Sections 617,0502 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 suthorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and the internal agent with a not accept the obligations of, Section 617,0502, Florida Statutes.  16. The purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was suthorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Statutes.  17. OFFICERS AND DIRECTORS  18. NOTE:  18. OFFICERS AND DIRECTORS IN 12  19. OFFICERS AND DIRECTORS IN 12  19. ADDITIONS/CHANGES TO OFFICERS		Country				6. Election Campaign Financing	П		
10. Name and Address of Current Registered Agent  11. Name  12. Street Address (P.O. Box Number is Not Acceptable)  12. Street Address (P.O. Box Number is Not Acceptable)  13. Name  14. City  15. Street Address (P.O. Box Number is Not Acceptable)  16. Support of Changing its registered agent of the State of Fiorida 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 Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. A minimise with, and ecopy the obligations of Section 617.0502, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered of advances. Thereby accept the appointment as registered office or registered of advances. Thereby accept the appointment as registered of advances. The advances of a purpose of changing its registered of advances. The advances of advances of advances of advances. Thereby accept the appointment as registered of a purpose of advances. Thereby accept the appointment as regis	24	25	29 30	)		Trust Fund Contribution		Added to	Fees
LANG MANAGEMENT CO.  \$22 STOWNCENTER ROAD  \$20  \$22 Street Address (P.O. Box Number is Not Acceptable)  \$33  \$34  \$45 City  \$55 TOWNCENTER ROAD  \$45  \$45 City  \$45 Ci	-:,	9. Name and Address of Current F	Registered Agent			10. Name and Address of New	Registered /	Agent	
S295 TOWNCENTER ROAD #200 BBCA RATON FL 33488  ### City				81	Name				
S295 TOWNCENTER ROAD #200 BBCA RATON FL 33488  ### City	LANG MAI	NAGEMENT CO		82	Street Ad	dress (P.O. Box Number is Not Accept	able)		· -
#200 BDCA RATON FL 33486  #4 City				02	Oli COL MA				
BOCA RATON FL 33486    B4				83					
11. Pursuant to the provisions of Sections 617 0502 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 office or registered agent, or both in the State of Florida. Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered office or registered agent and size of reportable.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  OFFICERS AND DIRECTORS  13. THE STATE PROPESS IN 12.  OFFICERS AND DIRECTORS IN 12.  ITTLE  PD  OFFICERS AND DIRECTORS IN 12.  OFFICERS AND DIRECTORS IN 12.  ITTLE  PD  OFFICERS AND DIRECTORS IN 12.  INTEL  SUHANDRON, KEN  13. STREET ADDRESS IN 12.  12. WE  SUHANDRON, KEN  13. STREET ADDRESS IN 12.  OFFICERS AND DIRECTORS IN 12.  INTEL  SUHANDRON, KEN  13. STREET ADDRESS IN 12.  OFFICERS AND DIRECTORS IN 12.  INTEL  SUHANDRON, KEN  13. STREET ADDRESS IN 12.  OFFICERS AND DIRECTORS IN 12.  INTEL  SUHANDRON, KEN  13. STREET ADDRESS IN 12.  OFFICERS AND DIRECTORS IN 12.  INTEL  SUHANDRON, KEN  13. STREET ADDRESS IN 12.  OFFICERS AND DIRECTORS IN 12.  INTEL  SUHANDRON, KEN  13. STREET ADDRESS IN 12.  OFFICERS AND DIRECTORS IN 12.  INTEL  SUHANDRON, KEN  13. STREET ADDRESS IN 12.  OFFICERS AND DIRECTORS IN 12.  INTEL  OFFICERS AND DIRECTORS IN 12.		TON E1 22496			015			es Zin C	nde
office or registered agent, or both, in the State of Florida. Such change was authorized by the Corporation's board of directors. Therefore agent is an affirmial with, and accept the obligations of, Section 617:5633, Florida Statutes.  SIGNATURE  3(gridulus, type) or prevad name of registered agent and tible of approachies. (NOTE: Registered Agent signature required what reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ITIME  PD  ANATIAIS, LOU  19181 DABAL LAKE DRIVE  13. STREET ADDRESS  CITY-ST-ZP  BOCA RATON FL 33434  14. CITY-ST-ZP  TITLE  VPD  STREET ADDRESS  STREET ADDRESS  AS CITY-ST-ZP  DEERFELD BEACH FL 33441  DEERFELD BEACH FL 33441  DEERFE ADDRESS  GTY-ST-ZP  MIAMI FL 33131  DEELETE  14. TITLE  AGENT AGENT AGENTS  AGENT AGENT AGENT AGENTS  AGENT AGENT AGENT AGENTS  AGENT AGE	BOUA NA	TON 1'E 33400		84	City	,	FL	63   Zip 0	
office or registered agent, or both, in the State of Florida. Such change was authorized by the Corporation's board of directors. Therefore agent is an affirmial with, and accept the obligations of, Section 617:5633, Florida Statutes.  SIGNATURE  3(gridulus, type) or prevad name of registered agent and tible of approachies. (NOTE: Registered Agent signature required what reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ITIME  PD  ANATIAIS, LOU  19181 DABAL LAKE DRIVE  13. STREET ADDRESS  CITY-ST-ZP  BOCA RATON FL 33434  14. CITY-ST-ZP  TITLE  VPD  STREET ADDRESS  STREET ADDRESS  AS CITY-ST-ZP  DEERFELD BEACH FL 33441  DEERFELD BEACH FL 33441  DEERFE ADDRESS  GTY-ST-ZP  MIAMI FL 33131  DEELETE  14. TITLE  AGENT AGENT AGENTS  AGENT AGENT AGENT AGENTS  AGENT AGENT AGENT AGENTS  AGENT AGE	11. Pursuant	to the provisions of Sections 617,0502 a	and 617.1508, Florida Statutes,	the above	e-named co	rporation submits this statement for the	purpose of	changing its r	egistered
SIGNATURE  Signature, typed or pretend name of registered agent and tills if applicable. (NOTE: Registered Agent algoritus required when ministance)  TITLE  PD  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  17. TITLE  PD  Change Addition  NAME  NANTAIS, LOU  19181 DABAL LAKE DRIVE  BOCA RATON FL 33434  14. CITY-ST-ZP  TITLE  VPD  DELETE  21 TITLE  VPD  Change Addition  NAME  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  LITTLE  PD  Change Addition  NAME  STREET ADDRESS  ACTY-ST-ZP  MARGATE, FL 33013  CON-ST-ZP  FARM ING-TON HILLS / M I 48 33 1  CON-ST-ZP  FARM ING-TON HILLS / M I 48 33 1  CON-ST-ZP  STREET ADDRESS  GITY-ST-ZP  MAMIF FL 33131  DELETE  STREET ADDRESS  GITY-ST-ZP  MARGATE, FL 33015  CON-ST-ZP  FARM ING-TON HILLS / M I 48 33 1  CON-ST-ZP  FARM ING-TON HILLS / M I 48 33 1  CON-ST-ZP  MAMIF FL 33131  DELETE  STREET ADDRESS  GITY-ST-ZP  MARGATE, FL 330103  CON-ST-ZP  FARM ING-TON HILLS / M I 48 33 1  CON-ST-ZP  BOCA RATTON FL 33434  CON-ST-ZP  ADDITIONS:CHANGES / MADDITIONS:CHANGES / MADITIONS:CHANGES / MADITIONS:CHANGES / MA	office or r	agistered agent or both in the State of	Florida, Such change was auth	orizea ov	the corpora	ation's board of directors. I hereby acce	pt the appoir	ntment as reg	istered
3 Signature, typed or printed rame of registered Agent and tills of expiciation.  12. OFFICERS AND DIRECTORS  TITLE PD NANTAIS, LOU STREET ADDRESS 19181 DABAL LAKE DRIVE OCTY-ST-ZP BOCA RATON FL 33434  TITLE VPD SUHANDRON, KEN STREET ADDRESS STRE	agent. I a	m familiar with, and accept the obligatio	ns or, Section a 17.0503, Florida	a Statutes	•		•		
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### ##################################	CITY-ST-ZIP	MIAMI FL 33131			T-ZIP	OCA RATON, FC	3043	<u> </u>	Addition
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14. I hereby certify that the information supplied with this filling obes not qualify for the exemption state in deciding the control of supplied with this filling obes not qualify the supplied with the supplie	14.   hereby	certify that the information supplied with	this filing does not qualify for th	e exempt	ion stated in	n Section 119.07(3)(i), Florida Statutes.	I further cer	tify that the in	formation

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 open attachment with an address with all other like empowered.

SIGNATUR

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 2 Oate 95 Daytime Phone #

ZEUS/, (11/30)

Applied For

Not Applicable