

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90046 037 ****70.00

DOCUMENT # N20609

1. Entity Name

SABAL LAKE WEST OF BOCA WEST CONDOMINIUM ASSOCIA

Principal Place of Business

Mailing Address

5295 TOWN CENTER ROAD
 #200
 BOCA RATON FL 33486
 US

5295 TOWN CENTER ROAD
 #200
 BOCA RATON FL 33486-1080
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0239046

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LANG MANAGEMENT CO.
5295 TOWNCENTER ROAD
#200
BOCA RATON FL 33486

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD Delete
 NAME SUHANDRON, KEN
 STREET ADDRESS 2000 BANKS RD #222
 CITY-ST-ZIP MARGATE FL 33063

TITLE PD Change Addition
 NAME DOLORES KRUGMAN
 STREET ADDRESS 19327 SABAL LAKE DRIVE
 CITY-ST-ZIP BOCA RATON, FL 33434

TITLE VPD Delete
 NAME NANTAIS, LOU
 STREET ADDRESS 39200 CITATION PL #36105
 CITY-ST-ZIP FARMINGTON HILL MI 48331

TITLE VPD Change Addition
 NAME BRANDEE GAZIANO
 STREET ADDRESS C/O DMI
 CITY-ST-ZIP 2000 BANKS RD #222
 MARGATE, FL 33063

TITLE VPD Delete
 NAME ALLISION, COHEN DE PAOLI
 STREET ADDRESS 19213 SABAL LAKE DR
 CITY-ST-ZIP BOCA RATON FL 33434

TITLE VPTD Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **CHANGE**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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:

SDR ANNE ROBERTSON 4/11/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)