

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 91347 035 ****70.00

628010



DO NOT WRITE IN THIS SPACE

DOCUMENT # N20609
 1. Entity Name
SABAL LAKE WEST OF BOCA WEST CONDOMINIUM ASSOCIA

Principal Place of Business 5295 TOWN CENTER ROAD #200 BOCA RATON FL 33486 US	Mailing Address 5295 TOWN CENTER ROAD #200 BOCA RATON FL 33486 US
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2. Principal Place of Business Suite, Apt. #, etc. 21045 Commercial Trail	3. Mailing Address Suite, Apt. #, etc. 21045 Commercial Trail
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City & State Boca Raton, FL	City & State Boca Raton, FL
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Zip 33486	Country	Zip 33486	Country
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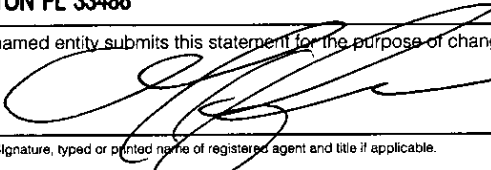
4. FEI Number 65-0239046	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LANG MANAGEMENT CO.
5295 TOWNCENTER ROAD
#200
BOCA RATON FL 33486

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
21045 Commercial Trail
 City
Boca Raton **FL** Zip Code
33486

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  DATE **02-28-01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD ALLISION, COHEN DE PAOLI 19213 SABAL LAKE DR BOCA RATON FL 33434 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KRUGMAN, DOLORES 19327 SABAL LAKE DR BOCA RATON FL 33434 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRAZIANNO, BRANDEE % DMI 2000 BANKS RD #222 MARGATE FL 33063 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER - TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD GERALD CHIGE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 19207 SABAL LAKE DR BOCA RATON FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DONALD BROOKMAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 19289 SABAL LAKE DR BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE **2/24/01** 561-750-8800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)