

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90183 023 ****70.00

DOCUMENT # N20609
 1. Entity Name
SABAL LAKE WEST OF BOCA WEST CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
 21045 COMMERCIAL TRAIL 21045 COMMERCIAL TRAIL
 BOCA RATON FL 33486 BOCA RATON FL 33486
 US US



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State City & State
 Zip Country Zip Country

4. FEI Number **65-0239046** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
WILLIAM K. ISAACSON ,
21045 COMMERCIAL TRAIL
BOCA RATON FL 33486

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE _____ (NOTE: Registered Agent signature required when resigning) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	<input checked="" type="checkbox"/> GETZELS, SHARYN <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	19281 SABAL LAKE DR. BOCA RATON FL 33434
TITLE NAME	<input type="checkbox"/> GROSSMAN, KAREN <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	19329 SABAL LAKES DR BOCA RATON FL 33434
TITLE NAME	<input checked="" type="checkbox"/> GOLD, JEROME <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	19287 SABAL LAKE DR. BOCA RATON FL 33434
TITLE NAME	<input checked="" type="checkbox"/> BROOKMAN, DONALD <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	19289 SABLA LAKE DR BOCA RATON FL 33434
TITLE NAME	<input type="checkbox"/> COHEN, PAUL <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	19267 SABAL LAKE DR. BOCA RATON FL 33434
TITLE NAME	<input type="checkbox"/> <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<input checked="" type="checkbox"/> Getzels, Sharyn <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input checked="" type="checkbox"/> VP <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> <input checked="" type="checkbox"/> D NICOLA PADULA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	19279 Sabal Lake DR. Boca Raton, FL 33434
TITLE NAME	<input type="checkbox"/> <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Sharyn Getzels President* 4/5/06 (561) 488-7770