

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20609

FILED
Apr 21, 2009
Secretary of State

Entity Name: SABAL LAKE WEST OF BOCA WEST CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

21045 COMMERCIAL TRAIL
BOCA RATON, FL 33486 US

New Principal Place of Business:

Current Mailing Address:

21045 COMMERCIAL TRAIL
BOCA RATON, FL 33486 US

New Mailing Address:

FEI Number: 65-0239046 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILLIAM K. ISAACSON,
21045 COMMERCIAL TRAIL
BOCA RATON, FL 33486 US

Name and Address of New Registered Agent:

ISAACSON, WILLIAM
21045 COMMERCIAL TRAIL
BOCA RATON, FL 33486 US

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: WILLIAM ISAACSON

04/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GETZELS, SHARYN
Address: 19281 SABAL LAKE DR.
City-St-Zip: BOCA RATON, FL 33434

Title: S () Delete
Name: BROOKMAN, DONALD
Address: 19289 SABAL LAKE DR
City-St-Zip: BOCA RATON, FL 33434

Title: D () Delete
Name: GOLD, JEROME
Address: 19287 SABAL LAKE DR
City-St-Zip: BOCA RATON, FL 33434

Title: D () Delete
Name: NICOLA, PADULA
Address: 19279 SABAL LAKE DR
City-St-Zip: BOCA RATON, FL 33434

Title: VPT () Delete
Name: COHEN, PAUL
Address: 19267 SABAL LAKE DR.
City-St-Zip: BOCA RATON, FL 33434

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL COHEN

VPT

04/21/2009

Electronic Signature of Signing Officer or Director

Date