

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20609

FILED  
Apr 13, 2012  
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:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

Title: D  
Name: SLIFF, HARVEY  
Address: 19303 SABAL LAKE DRIVE  
City-St-Zip: BOCA RATON, FL 33434

I hereby 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 all other like empowered.

SIGNATURE: SHARYN GETZELS

P

04/13/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date