

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 728926 (7)

1. Corporation Name

SABAL PALM CONDOMINIUM ASSOCIATION, INC.

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 27 PM 3:11

Principal Place of Business

Mailing Address

**5000 SABAL PALM BLVD E
TAMARAC FL 33319**

**5000 SABAL PALM BLVD E
TAMARAC FL 33319**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/25/1974

3a. Date of Last Report

03/14/1994

4. FEI Number

59-1565548

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BECKER & POLIAKOFF
EMERALD LAKE CORPORATE PARK
3111 STIRLING RD
FT LAUDERDALE FL 33312**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning.)

DATE

12. OFFICERS AND DIRECTORS

TITLE **TD**
NAME **MULLENBAX, CAROLINA**
STREET ADDRESS **4990 SABAL PALM BLVD**
CITY-ST-ZIP **TAMARAC FL**

TITLE **VP**
NAME **IANIELLO, PEER**
STREET ADDRESS **5180 SABAL PALM BLVD**
CITY-ST-ZIP **TAMARAC FL**

TITLE **D**
NAME **SHANUS, DAVID**
STREET ADDRESS **4990 SABAL PALM BLVD**
CITY-ST-ZIP **TAMARAC FL**

TITLE **P**
NAME **RAUCHWENGER, HAROLD**
STREET ADDRESS **5180 SABAL PALM BLVD**
CITY-ST-ZIP **TAMARAC FL**

TITLE **SD**
NAME **GROSSO, ALICE**
STREET ADDRESS **4990 SABAL PALM BLVD**
CITY-ST-ZIP **TAMARAC FL**

TITLE **D**
NAME **ZIPPRICH, GERALD**
STREET ADDRESS **4990 SABAL PALM BLVD**
CITY-ST-ZIP **TAMARAC FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **PRESIDENT** ☒ Change ☐ Addition
12 NAME **PETER IANNIELLO**
13 STREET ADDRESS **5180 SABAL PALM BLVD**
14 CITY-ST-ZIP **TAMARAC FL 33315**

21 TITLE **VICE PRESIDENT** ☒ Change ☐ Addition
22 NAME **GERALD ZIPPRICH**
23 STREET ADDRESS **4990 SABAL PALM BLVD**
24 CITY-ST-ZIP **TAMARAC, FL 33315**

31 TITLE **TREASURER** ☐ Change ☐ Addition
32 NAME **ANNE DUKESNA**
33 STREET ADDRESS **4990 SABAL PALM BLVD**
34 CITY-ST-ZIP **TAMARAC FL 33315**

41 TITLE **DIRECTOR** ☐ Change ☒ Addition
42 NAME **ANTHONY GROSSO**
43 STREET ADDRESS **5180 SABAL PALM BLVD**
44 CITY-ST-ZIP **TAMARAC FL 33315**

51 TITLE **DIRECTOR** ☐ Change ☒ Addition
52 NAME **GERALD ZIPPRICH**
53 STREET ADDRESS **4990 SABAL PALM BLVD**
54 CITY-ST-ZIP **TAMARAC FL 33315**

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 817, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

ALICE GROSSO SECRETARY 2/27/95 771-1770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number