

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

BUREAU OF CORPORATIONS

1996-796

B 1989

C

DOCUMENT # 728926

(7)

1. Corporation Name

SABAL PALM CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

5000 SABAL PALM BLVD E  
TAMARAC FL 33319

5000 SABAL PALM BLVD E  
TAMARAC FL 33319

3. Date Incorporated or Qualified

02/25/1974

3a. Date of Last Report

02/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-1565548

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

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)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME IANNIELLO, PETER  
STREET ADDRESS 5180 SABAL PALM BLVD  
CITY-ST-ZIP TAMARAC FL

☐ DELETE

1.1 TITLE S  
1.2 NAME ALICE GROSSO  
1.3 STREET ADDRESS 4990 SABAL PALM BLVD  
1.4 CITY-ST-ZIP TAMARAC, FL

☐ Change

☐ Addition

TITLE VP  
NAME ZIPPRICH, GERARD  
STREET ADDRESS 4990 SABAL PALM BLVD  
CITY-ST-ZIP TAMARAC FL

☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE T  
NAME DUFRESNE, ANNE  
STREET ADDRESS 4990 SABAL PALM BLVD  
CITY-ST-ZIP TAMARAC FL

☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D  
NAME GROSSO, ANTHONY  
STREET ADDRESS 5180 SABAL PALM BLVD  
CITY-ST-ZIP TAMARAC FL

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D  
NAME CLAFFONE, GERALD  
STREET ADDRESS 4980 SABAL PALM BLVD  
CITY-ST-ZIP TAMARAC FL

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D  
NAME DAVID SHANUS  
STREET ADDRESS 4980 SABAL PALM BLVD  
CITY-ST-ZIP TAMARAC FL

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)