

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

03-04-2002 90039 004 \*\*\*\*61.25

**DOCUMENT # 728926**

1. Entity Name

**SABAL PALM CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

5000 SABAL PALM BLVD E  
 TAMARAC FL 33319

Mailing Address

5000 SABAL PALM BLVD E  
 TAMARAC FL 33319

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1565548**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$81.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP** ☒ Delete  
 NAME **SANELLO, PETER**  
 STREET ADDRESS **5180 SABAL PALM BLVD.**  
 CITY-ST-ZIP **TAMARAC FL 33319**

TITLE **VP** ☐ Change ☐ Addition  
 NAME **CIAFFONE, GERALD**  
 STREET ADDRESS **4980 SABAL PALM BLVD**  
 CITY-ST-ZIP **TAMARAC FL 33319**

TITLE **T** ☐ Delete  
 NAME **STISKIN, ROSE**  
 STREET ADDRESS **4980 SABAL PALM BLVD**  
 CITY-ST-ZIP **TAMARAC FL 33319**

TITLE **D** ☒ Change ☐ Addition  
 NAME **DI GREGORIO, DAMOEN**  
 STREET ADDRESS **4990 SABAL PALM BLVD**  
 CITY-ST-ZIP **TAMARAC FL 33319**

TITLE **D** ☐ Delete  
 NAME **CRINALDI, HENRY**  
 STREET ADDRESS **5180 SABAL PALM BLVD.**  
 CITY-ST-ZIP **TAMARAC FL 33319**

TITLE **D** ☐ Change ☐ Addition  
 NAME   
 STREET ADDRESS   
 CITY-ST-ZIP

TITLE **P** ☐ Delete  
 NAME **GROSSO, ANTHONY**  
 STREET ADDRESS **5180 SABAL PALM BLVD**  
 CITY-ST-ZIP **TAMARAC FL 33319**

TITLE  ☐ Change ☐ Addition  
 NAME   
 STREET ADDRESS   
 CITY-ST-ZIP

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

TITLE  ☐ Change ☐ Addition  
 NAME   
 STREET ADDRESS   
 CITY-ST-ZIP

TITLE **S** ☐ Delete  
 NAME **GROSSO, ALICE**  
 STREET ADDRESS **4980 SABAL PALM BLVD**  
 CITY-ST-ZIP **TAMARAC FL 33315**

TITLE  ☐ Change ☐ Addition  
 NAME   
 STREET ADDRESS   
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 employment.

SIGNATURE:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ANTHONY GROSSO**

Date

**2/14/02**

Daytime Phone #

**954 971 5510**

CR2037 (9/01)