

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90250 039 ****61.25

DOCUMENT # 750340		
1. Entity Name SABAL PALM CONDOMINIUMS OF PINE ISLAND RIDGE ASSOCIATION, INC.		

Principal Place of Business 1901 PINE RIDGE DRIVE FT. LAUDERDALE, FL 33324	Mailing Address 1901 PINE RIDGE DRIVE FT. LAUDERDALE, FL 33324
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20044614



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04212005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-1992773		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	
BROUGH, CHADROW & LEVINE, P.A. 2700 S. COMMERCE PKWY., STE.305-B WESTON, FL 33331		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SILVERGOLD, MARVIN ☐ Delete 1831 SABAL PALM DRIVE #401 FORT LAUDERDALE, FL 33324	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Silvergold, Marvin ☒ Change ☐ Addition 1831 Sabal Palm Dr. # 401 Ft. Lauderdale, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NEWELL, RICHARD ☐ Delete 1911 SABAL PALM DR #401 FORT LAUDERDALE, FL 33324	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Newell, Richard ☒ Change ☐ Addition 1911 Sabal Palm Dr. # 301 Ft. Lauderdale, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BITKOWER, LARRY ☐ Delete 1911 SABAL PALM DR., #308 FORT LAUDERDALE, FL 33324	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bitkower, Larry ☒ Change ☐ Addition 1911 Sabal Palm Dr. # 306 Ft. Lauderdale, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GREENSPAN, EMANUEL ☒ Delete 1831 SABAL PALM DR., #108 FORT LAUDERDALE, FL 33324	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D/T Tepper, Robert ☐ Change ☒ Addition 1911 Sabal Palm DR. # 201 Ft. Lauderdale, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARQUHAR, JOHN ☐ Delete 400 W. TROPICAL WAY PLANTATION, FL 33317	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Rosenbaum, Irwin ☐ Change ☒ Addition 1831 Sabal Palm Dr. # 404 Ft. Lauderdale, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Hippard, Ralph ☐ Change ☒ Addition 1831 Sabal Palm DR. # 306 Ft. Lauderdale, FL 33324

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 empowered.

SIGNATURE: _____ Date: 4/21/05 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

DOCUMENT # 750340

1. Entity Name
**SABAL PALM CONDOMINIUMS OF PINE ISLAND RIDGE
ASSOCIATION, INC.**



Principal Place of Business
1901 PINE RIDGE DRIVE
FT. LAUDERDALE, FL 33324

Mailing Address
1901 PINE RIDGE DRIVE
FT. LAUDERDALE, FL 33324

20044612

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04212005

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-1992773

Applied For
Not Applicable

Zip

Country

Zip

Country

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

BROUGH, CHADROW & LEVINE, P.A.
2700 S. COMMERCE PKWY., STE.305-B
WESTON, FL 33331

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when retesting)

DATE

Filing Fee is \$81.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VD ☐ Delete
NAME SILVERGOLD, MARVIN
STREET ADDRESS 1831 SABAL PALM DRIVE #401
CITY-ST-ZIP FORT LAUDERDALE, FL 33324

TITLE D ☐ Change ☒ Addition
NAME Meyer, Judith
STREET ADDRESS 1911 Sabal Palm Dr. # 307
CITY-ST-ZIP Ft. Lauderdale, FL 33324

TITLE PD ☐ Delete
NAME NEWELL, RICHARD
STREET ADDRESS 1911 SABAL PALM DR #401
CITY-ST-ZIP FORT LAUDERDALE, FL 33324

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

TITLE SD ☐ Delete
NAME BITKOWER, LARRY
STREET ADDRESS 1911 SABAL PALM DR., #306
CITY-ST-ZIP FORT LAUDERDALE, FL 33324

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

TITLE TD ☒ Delete
NAME GREENSPAN, EMANUEL
STREET ADDRESS 1931 SABAL PALM DR., #106
CITY-ST-ZIP FORT LAUDERDALE, FL 33324

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

TITLE D ☐ Delete
NAME FARQUHAR, JOHN
STREET ADDRESS 400 W. TROPICAL WAY
CITY-ST-ZIP PLANTAION, FL 33317

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/05

Daytime Phone #