## 2006-NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## May 01, 2006 8:00 am Secretary of State DOCUMENT # N98000006957 1. Entity Name 05-01-2006 90321 026 \*\*\*\*61.25 SABAL PALM VILLAS CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 401 N.E. FIRST COURT 401 N.E. FIRST COURT HALLANDALE FL 33009 HALLANDALE FL 33009 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 65-0953739 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RC REAL ESTATE Street Address (P.O. Box Number is Not Acceptable) 700 NE 4TH CT. #1 HALLANDALE FL 33009 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. BĐ′ TITLE Delete TITLE ■ Addition MIHALIK, RON NAME NAME STREET ADDRESS 401 NE 1ST COURT, #10 STREET ADDRESS HALLANDALE FL 33009 CITY-\$1-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition RODRIGUEZ, OTILIA NAME NAME 401 NE 1ST COURT, #9 STREET ADDRESS STREET ADDRESS HALLANDALE FL 33009 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition SAFFOLD, VANESSA NAME NAME STREET ADDRESS 401 NE 1ST CT# 6 STREET ADDRESS HALLANDALE FL 33009 CITY-ST-ZIP CITY - ST - ZIP TITLE Delete TITLE ☐ Change ☐ Addition JARLLY ALVALETY 1 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP

I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119. 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

of the corporation or the receiver or trustee empowered to execute this report as if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:

**FILED**