2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2006 8:00 am
Secretary of State
07-14-2006 90022 039 ****61.25

DOCUMENT # 728926

1. Entity 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

07032006 Chg-NP CR2E037 (4/06)

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

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

Filing Fee is $61.25
Due by September 6, 2006

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P GROSSO, ANTHONY 4980 SABAL PALM BLVD TAMARAC, FL 33319	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP VACCARO, ANGELO 4980 SABAL PALM BLVD TAMARAC, FL 33319	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DeBENNEDETTO, MARIO 4990 SABAL PALM BLVD. TAMARAC, FL 33319	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GROSSO, ALICE 5180 SABLA PALM BLVD. TAMARAC, FL 33319	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MORELL, ESTHER 4990 SABAL PA	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MORELL, ESTHER 5180 SARBL PALM BLVD TAMARAC, FL 33319	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CAMP, STELLA 5180 SABAL PALM BLVD. TAMARAC, FL 33319	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STASKIN, ROSE 4980 SABAL PALM BLVD TAMARAC, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TRIMALDI, HENRY 4980 SABAL PALM BLVD TAMARAC, FL 33315	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARSH, ANITA 5990 SABAL PALM BLVD. TAMARAC, FL 33319	☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Anthony Grosso 6-11-06 9549715510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #