

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 728926

1. Entity Name
SABAL PALM CONDOMINIUM ASSOCIATION, INC.



FILED

08 NOV 19 AM 8:10

SECRETARY OF STATE
TALLAHASSEE, FL 32399



REINSTATEMENT 08

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 - No P.O. Box #

5000 E. SABAL Palm Blvd

3. Mailing Address

5000 SABAL Palm Blvd E

Suite, Apt. #, etc.

CLUB HOUSE

Suite, Apt. #, etc.

CLUB HOUSE

City & State

TAMARAC FLORIDA

City & State

TAMARAC FLORIDA

Zip
33319

Country

USA

Zip
33319

Country

USA

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

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

7. Name and Address of New Registered Agent

Name Robert Rubinstein, Esq.

Street Address (P.O. Box Number is Not Acceptable)

2255 Glades Road, Suite 300 E

City Boca Raton

FL

Zip Code 33431

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

Robert Rubinstein, Attorney

11/04/08--01025--004 **236.25

11/17/08

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$236.25
After January 1, 2009, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME ☒ Delete
MARRAPODI, FRANK
STREET ADDRESS 5180 E SABAL PALM BLVD, 330
CITY-ST-ZIP TAMARAC, FL 33319

TITLE NAME ☐ Delete
DEBENNEDETTO, MARIO
STREET ADDRESS 4990 E SABAL PALM BLVD, #317
CITY-ST-ZIP TAMARAC, FL 33319

TITLE NAME ☐ Delete
MALLEY, MIKE
STREET ADDRESS 5180 E SABAL PALM BLVD #241
CITY-ST-ZIP TAMARAC, FL 33319

TITLE NAME ☒ Delete
CAMP, STELLA
STREET ADDRESS 5180 SABAL PALM BLVD
CITY-ST-ZIP TAMARAC, FL 33319

TITLE NAME ☐ Delete
CONDO, SALVATORE
STREET ADDRESS 5180 E SABAL PALM BLVD, 128
CITY-ST-ZIP TAMARAC, FL 33319

TITLE NAME ☐ Delete
TURNQUEST, VICTOR
STREET ADDRESS 4990 E SABAL PALM BLVD, #102
CITY-ST-ZIP TAMARAC, FL 33319

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☒ Addition
D WARREN LUTWIN
STREET ADDRESS 5180 E SABAL PALM BLVD #325
CITY-ST-ZIP TAMARAC FL 33319

TITLE NAME ☐ Change ☒ Addition
D ROGER CARRIENE
STREET ADDRESS 5180 E SABAL PALM BLVD #240
CITY-ST-ZIP TAMARAC FL 33319

TITLE NAME ☐ Change ☒ Addition
D JOHN DAMICO
STREET ADDRESS 4990 E SABAL PALM BLVD #315
CITY-ST-ZIP TAMARAC FL 33319

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ 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:

VICTOR TURNQUEST

10-31-2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #