

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90051 007 \*\*\*\*61.25

**DOCUMENT # N98000006957**

1. Entity Name  
**SABAL PALM VILLAS CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**401 N.E. FIRST COURT  
8  
HALLANDALE FL 33009**

Mailing Address  
**401 N.E. FIRST COURT  
8  
HALLANDALE FL 33009**

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 **65-0953739**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DISANTIS, SAMUEL  
401 NE 1ST COURT, #8  
HALLANDALE FL 33009**

**R.C. REAL ESTATE  
P.O. Box 504  
HALLANDALE, FL  
33008**

7. Name and Address of New Registered Agent

Name **R.C. REAL ESTATE**  
Street Address (P.O. Box Number is Not Acceptable)  
**700 NE 4TH CT #1  
HALLANDALE, FL 33009**  
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 reinstating)

DATE

**1/13/03**

**FILE NOW: FEE IS \$61.25**

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	<input type="checkbox"/> Delete
PD	MIHALIK, RON	401 NE 1ST COURT, #10	HALLANDALE FL 33009	<input type="checkbox"/>
VD	COBA, DAVID	401 NE 1ST COURT, #11	HALLANDALE FL 33009	<input type="checkbox"/>
D	DISANTIS, SAMUEL	401 NE 1ST COURT, #8	HALLANDALE FL 33009	<input checked="" type="checkbox"/>
T	DISANTIS, SAMUEL	401 NE 1ST COURT, #8	HALLANDALE FL 33009	<input checked="" type="checkbox"/>
D	RODRIGUEZ, OTILIA	401 NE 1ST COURT, #9	HALLANDALE FL 33009	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**Secretary  
YANESSA JAFFORD  
401 NE 1ST CT #  
HALLANDALE, FL 33009**

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

**Reg. Agent**

**1/13/03 934-454-6880**

CR2E037 (10/02)