

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 714781

**Entity Name:** SABAL SHORES APARTMENT ASSOCIATION, INC.

**Current Principal Place of Business:**

600 SOUTH OCEAN BLVD  
BOCA RATON, FL 33432

**Current Mailing Address:**

600 SOUTH OCEAN BLVD  
BOCA RATON, FL 33432

**FEI Number:** 59-1311339

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

KAYE, BENDER AND REMBAUM  
PETER C. MOLLENGARDEN, ESQ.  
9121 NORTH MILITARY TRAIL 200  
PALM BEACH GARDENS, FL 33410 US

*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.*

**SIGNATURE:** PETER MOLLENGARDEN

03/12/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, TREASURER  
Name            BARNES, ROY  
Address        600 SOUTH OCEAN BLVD  
City-State-Zip: BOCA RATON FL 33432

Title            DIRECTOR  
Name            MARTINEZ, MIRIAM  
Address        600 SOUTH OCEAN BLVD  
City-State-Zip: BOCA RATON FL 33432

Title            DIRECTOR  
Name            SIPAHI, ADAM  
Address        600 S. OCEAN BLVD.  
City-State-Zip: BOCA RATON FL 33432

Title            DIRECTOR  
Name            BROPHY, CHRIS  
Address        600 S OCEAN BLVD  
City-State-Zip: BOCA RATON FL 33432

Title            DIRECTOR  
Name            GREENBERG, PHILIP  
Address        600 SOUTH OCEAN BLVD  
City-State-Zip: BOCA RATON FL 33432

Title            DIRECTOR  
Name            ANTELL, CHARLES  
Address        600 SOUTH OCEAN BLVD  
                  1205  
City-State-Zip: BOCA RATON FL 33432

Title            SECRETARY  
Name            CARTINE, ROBIN  
Address        600 SOUTH OCEAN BOULEVARD  
City-State-Zip: BOCA RATON FL 33432

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ROBIN CARTINE

SECRETARY

03/12/2018

Electronic Signature of Signing Officer/Director Detail

Date