2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714781

Entity Name: SABAL SHORES APARTMENT ASSOCIATION, INC.

FILED Feb 12, 2019 **Secretary of State** 2927981698CC

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

02/12/2019

DIRECTOR

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

City-State-Zip:

Title **PRESIDENT** Title

Name BARNES, ROY Name MARTINEZ, MIRIAM

Address 600 SOUTH OCEAN BLVD Address 600 SOUTH OCEAN BLVD City-State-Zip: BOCA RATON FL 33432 City-State-Zip: BOCA RATON FL 33432

Title **TREASURER** Title DIRECTOR **BROPHY. CHRIS** Name Name SIPAHI, ADAM

Address 600 SOUTH OCEAN BLVD Address 600 S. OCEAN BLVD. City-State-Zip: BOCA RATON FL 33432 BOCA RATON FL 33432

Title DIRECTOR Title **DIRECTOR**

ANTELL, CHARLES Name Name GREENBERG, PHILIP

600 SOUTH OCEAN BLVD Address Address 600 SOUTH OCEAN BLVD

1205 BOCA RATON FL 33432

City-State-Zip: 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.

02/12/2019 SIGNATURE: ROBIN CARTINE **SECRETARY**

Electronic Signature of Signing Officer/Director Detail

Date