

**2021 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 US

**FEI Number:** 59-1311339

**Certificate of Status Desired:** No

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

KAYNE BENDER REMBAUM, PL  
1200 PARK CENTRAL BLVD SOUTH  
POMPANO BEACH, FL 33064 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

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

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

Title DIRECTOR  
Name EVRIM, ALAN  
Address 600 SOUTH 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  
City-State-Zip: BOCA RATON FL 33432

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

Title DIRECTOR  
Name WILLIAM , FUSCO  
Address 600 S. OCEAN BLVD.  
City-State-Zip: BOCA RATON FL

*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

**PRESIDENT**

**03/19/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date