

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728926

Entity Name: SABAL PALM CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**8751 W BROWARD BLVD
SUITE 400
PLANTATION, FL 33324**Current Mailing Address:**P.O.BOX 19439
PLANTATION, FL 33318 US**FEI Number: 59-1565548****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KATZMAN GARFINKEL
5297 W COPANS RD
MARGATE, FL 33063 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	DIR
Name	CONDO, SALVATORE
Address	5180 E SABAL PALM BLVD, #126
City-State-Zip:	TAMARAC FL 33319
Title	DIR/VP
Name	WHITTEN, PATRICIA
Address	4980 E SABAL PALM BLVD #226
City-State-Zip:	TAMARAC FL 33319
Title	DIR
Name	CYR, GUY
Address	8944 JEANNE MANSE ST
City-State-Zip:	MONTREAL QUEBEC H2N 1X5
Title	DIR/TREAS
Name	MARRONE, LINDA
Address	4990 E SABAL PALM BLVD #211
City-State-Zip:	TAMARAC FL 33319

Title	DIR/PRES
Name	MALLEY, MICHAEL
Address	5180 E SABAL PALM BLVD #241
City-State-Zip:	TAMARAC FL 33319
Title	DIR
Name	DIALTO, LORRAINE
Address	5180 E SABAL PALM BLVD #141
City-State-Zip:	TAMARAC FL 33319
Title	DIR/SEC
Name	TALLER, DOREEN
Address	5180 E SABAL PALM BLVD #228
City-State-Zip:	TAMARAC FL 33319

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: MICHAEL MALLEY**PRESIDENT****03/18/2016**

Electronic Signature of Signing Officer/Director Detail

Date