

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 728926

**Entity Name:** SABAL PALM CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

5000 EAST SABAL PALM BLVD  
CLUB HOUSE  
TAMARAC, FL 33319

**Current Mailing Address:**

5000 EAST SABAL PALM BLVD  
CLUB HOUSE  
TAMARAC, FL 33319 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            PRESIDENT  
Name            MARRAPODI, FRANK  
Address        5180 E SABAL PALM BLVD, #330  
City-State-Zip: TAMARAC FL 33319

Title            VICE PRESIDENT  
Name            MALLEY, MIKE  
Address        5180 E SABAL PALM BLVD, #321  
City-State-Zip: TAMARAC FL 33319

Title            SECRETARY  
Name            WHITTEN, PATRICIA  
Address        4980 E SABAL PALM BLVD, #226  
City-State-Zip: TAMARAC FL 33319

Title            TREASURER  
Name            CAMP, STELLA  
Address        5180 E SABAL PALM BLVD, #131  
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: PATRICIA WHITTEN**

**SECRETARY OF THE  
BOARD**

**03/20/2015**

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

\_\_\_\_\_  
Date