## 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 728926** 

Entity Name: SABAL PALM CONDOMINIUM ASSOCIATION, INC.

**FILED** Mar 16, 2018 **Secretary of State** CC7950293535

## **Current Principal Place of Business:**

AMBASSADOR COMMUNITY MANGEMENT 7100 W. COMMERCIAL BLVD SUITE 107 LAUDERHILL, FL 33319

## **Current Mailing Address:**

AMBASSADOR COMMUNITY MANAGEMENT, INC. 7100 W. COMMERCIAL BLVD SUITE 107 LAUDERHILL, FL 33319 US

FEI Number: 59-1565548 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

AMBASSADOR COMMUNITY MANAGEMENT, INC. AMBASSADOR COMMUNITY MANAGEMENT, INC. 7100 W. COMMERCIAL BLVD SUITE 107 LAUDERHILL, FL 33319 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: STEVE CULOTTA 03/16/2018

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **PRESIDENT** Title VΡ

Name WILLIAMS, LARRY Name LIST, HEIDI

AMBASSADOR COMMUNITY AMBASSADOR COMMUNITY Address Address MANAGEMENT, INC.

MANAGEMENT, INC. 7100 W. COMMERCIAL BLVD SUITE

7100 W. COMMERCIAL BLVD SUITE

City-State-Zip: LAUDERHILL FL 33319 City-State-Zip: LAUDERHILL FL 33319

Title **SECRETARY** Title **TREASURER** Name ANDERSON, ROSE Name WOJCIK, PATRICIA

Address AMBASSADOR COMMUNITY Address AMBASSADOR COMMUNITY

MANAGEMENT, INC. MANAGEMENT, INC.

7100 W. COMMERCIAL BLVD SUITE 7100 W. COMMERCIAL BLVD SUITE

City-State-Zip:

LAUDERHILL FL 33319

City-State-Zip:

Name

Title **DIRECTOR** 

AMBASSADOR COMMUNITY Address

MANAGEMENT, INC.

LAUDERHILL FL 33319

SCARLETT, HUMPHREY

7100 W. COMMERCIAL BLVD SUITE

LAUDERHILL FL 33319 City-State-Zip:

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: LARRY WILLIAMS **PRESIDENT** 03/16/2018