

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 728926

**Entity Name:** SABAL PALM CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**

C/O PHOENIX MANAGEMENT SERVICES  
4800 N.STATE ROAD7 105  
LAUDERDALE LAKES, FL 33319

**Current Mailing Address:**

C/O PHOENIX MANAGEMENT SERVICES  
4800 N.STATE ROAD7 105  
LAUDERDALE LAKES, FL 33319 US

**FEI Number: 59-1565548****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**

VALANCY & REED, P.A.  
310 SE 13TH STREET  
FORT LAUDERDALE, FL 33316 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            REID, JACKIE  
Address        PHOENIX MANAGEMENT SERVICES,  
                  INC .  
                  4800 N. STATE ROAD7 SUITE 105  
City-State-Zip: LAUDERDALE LAKES FL 33319

Title            TREASURER  
Name            WRIGHT , LLEWELLYN  
Address        PHOENIX MANAGEMENT SERVICES,  
                  INC  
                  4800 N. STATE ROAD7 SUITE 105  
City-State-Zip: LAUDERHILL FL 33319

Title            VP  
Name            JAMES, MARK  
Address        C/O PHOENIX MANAGEMENT  
                  SERVICES  
                  4800 N.STATE ROAD7 105  
City-State-Zip: LAUDERDALE LAKES FL 33319

Title            DIRECTOR  
Name            YENIDOUNIA, CHRISTINA  
Address        PHOENIX MANAGEMENT SERVICES,  
                  INC.  
                  4800 N. STATE ROAD7 SUITE 105  
City-State-Zip: LAUDERHILL FL 33319

Title            SECRETARY  
Name            PATNODE, KEITH  
Address        4700 NORTH STATE ROAD SEVEN  
City-State-Zip: LAUDERDALE LAKES 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: JACKIE REID****PRESIDENT****02/21/2023**

Electronic Signature of Signing Officer/Director Detail

Date