

**2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N03527

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

**Current Principal Place of Business:**

100 SABAL RIDGE CIRCLE  
PALM BEACH GARDENS, FL 33418

**Current Mailing Address:**

100 SABAL RIDGE CIRCLE  
PALM BEACH GARDENS, FL 33418 US

**FEI Number:** 59-2463780

**Certificate of Status Desired:** No

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

ROSENBAUM PLLC  
250 SOUTH AUSTRALIAN AVENUE - 5TH FLOOR  
WEST PLAM BEACH, FL 33401 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            GIRARD, CHERYL  
Address        100 SABAL RIDGE CIRCLE  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title            VP  
Name            MOWATT, LYNN  
Address        100 SABAL RIDGE CIRCLE  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title            SECRETARY  
Name            MANGANELLO, LAUREN  
Address        100 SABAL RIDGE CIRCLE  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title            TREASURER  
Name            SCHNEIDER, BETTY  
Address        100 SABAL RIDGE CIRCLE  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title            DIRECTOR  
Name            VALA, JOE  
Address        100 SABAL RIDGE CIRCLE  
City-State-Zip: PALM BEACH GARDENS FL 33418

*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: CHERYL GIRARD**

**PRESIDENT**

**11/08/2022**

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

\_\_\_\_\_  
Date