

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20609

**FILED**  
**Apr 08, 2013**  
**Secretary of State**  
**CC5927177819**

**Entity Name:** SABAL LAKE WEST OF BOCA WEST CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

21045 COMMERCIAL TRAIL  
BOCA RATON, FL 33486

**Current Mailing Address:**

21045 COMMERCIAL TRAIL  
BOCA RATON, FL 33486 US

**FEI Number: 65-0239046**

**Certificate of Status Desired: Yes**

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

ISAACSON, WILLIAM  
21045 COMMERCIAL TRAIL  
BOCA RATON, FL 33486 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 P  
Name GETZELS, SHARYN  
Address 19281 SABAL LAKE DR.  
City-State-Zip: BOCA RATON FL 33434

Title S  
Name BROOKMAN, DONALD  
Address 19289 SABAL LAKE DR  
City-State-Zip: BOCA RATON FL 33434

Title D  
Name NICOLA, PADULA  
Address 19279 SABAL LAKE DR  
City-State-Zip: BOCA RATON FL 33434

Title VPT  
Name COHEN, PAUL  
Address 19267 SABAL LAKE DR.  
City-State-Zip: BOCA RATON FL 33434

Title D  
Name SLIFF, HARVEY  
Address 19303 SABAL LAKE DRIVE  
City-State-Zip: BOCA RATON FL 33434

*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: SHARYN GETZELS**

**PRESIDENT**

**04/08/2013**

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

\_\_\_\_\_  
Date