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.

PRESIDENT

SIGNATURE: SHARYN GETZELS

Electronic Signature of Signing Officer/Director Detail

SIGNATURE: SHARYN GETZELS						
	Electronic Signature of Registered Agent					
Officer/Director Detail :						
Title	PRESIDENT	Title	SECRETARY			
Name	GETZELS, SHARYN	Name	BROOKMAN, DONALD			
Address	19281 SABAL LAKE DR.	Address	19289 SABAL LAKE DR			
City-State-Zip:	BOCA RATON FL 33434	City-State-Zip:	BOCA RATON FL 33434			
		<b>T</b> :0 -				
Title	VP, TREASURER	Title	DIRECTOR			
Name	COHEN, PAUL	Name	HOFFSTEIN, PAUL			
Address	19267 SABAL LAKE DR.	Address	19329 SABAL LAKE DR			
City-State-Zip:	BOCA RATON FL 33434	City-State-Zip:	BOCA RATON FL 33434			

## FEI Number: 65-0239046

## Name and Address of Current Registered Agent:

ASSOCIATED CORPORATE SERVICES 6111 BROKEN SOUND PKWY 200 BOCA RATON, FL 33487 US

# ASSOCIATION, INC.

**Current Principal Place of Business:** 720 LUCERNE AVE 1031 LAKE WORTH BEACH, FL 33460

# **Current Mailing Address:**

720 LUCERNE AVE 1031 LAKE WORTH BEACH, FL 33460 US

# 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT# N20609

Entity Name: SABAL LAKE WEST OF BOCA WEST CONDOMINIUM

Certificate of Status Desired: No

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.

	Electronic Signature of Registered Agent			Date
ficer/Dire	ctor Detail :			
le	PRESIDENT	Title	SECRETARY	
ame	GETZELS, SHARYN	Name	BROOKMAN, DONALD	
ldress	19281 SABAL LAKE DR.	Address	19289 SABAL LAKE DR	
ty-State-Zip:	BOCA RATON FL 33434	City-State-Zip:	BOCA RATON FL 33434	
le	VP, TREASURER	Title	DIRECTOR	
ame	COHEN, PAUL	Name	HOFFSTEIN, PAUL	
ldress	19267 SABAL LAKE DR.	Address	19329 SABAL LAKE DR	
ty-State-Zip:	BOCA RATON FL 33434	City-State-Zip:	BOCA RATON FL 33434	

FILED Mar 17, 2024 Secretary of State 2318368420CC

> 03/17/2024 Date

03/17/2024