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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

713654

(2)

SABAL RIDGE APARTMENT ASSOCIATION, INC.

Principal Place of Business Mailing Address							
750 S. OCEAN BLVD. BOCA RATON FL 33432 750 S. OCEAN BLVD. BOCA RATON FL 33432							
					3. Date Incorporated or Qualified 11/17/1967	3a. Date of Last 04/21/1	Report 995
2. Principal Place of Business 2a. Mailing A		2a. Mailing Address 26	g Address		4. FEI Number 59-1212794		Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	7	Additional Required	
City & State		City & State			Election Campalgn Financing Trust Fund Contribution		May Be d to Fees
Zip 24	Country 25	Zip 29	30 Co.	untry		Yes No	. 199.032,
	9. Name and Address of Curren	t Registered Agent	•		10. Name and Address of New Re	gistered Agent	
				81 Name	411111111111111111111111111111111111111		
HOLDEN, FRED J. 750 S. OCEAN BLVD.				82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
BOCA RARON FL 33432				83			
				84 City	4	FL 85 Z	p Code
or register	to the provisions of Sections 617.0502 red agent, or both, in the State of Flori th, and accept the obligations of, Sect	da. Such change was authorizi	ed by the	ove-named corpor corporation's boa	ration submits this statement for the purp rd of directors. I hereby accept the appoi	ose of changing its ntment as registered	registered office d agent. I am
SIGNATURE .	Signature, typed or printed name of registered agent	and title if poplicable (NO	TE Dogetor	Agent signature require	ud when reinstation	DATE	
12.		D DIRECTORS	13.	1 Agent segmentarione	ADDITIONS/CHANGES TO OFFIC		ORS IN 12
TITLE	V	DELETE	1.1 T	ITLE	4.440.40.70	Change	Addition
NAME	HUFFER, JAMES E.		1,2 N	IAME			
STREET ADDRESS	750 S. OCEAN BLVD.		1.3 \$	TREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL		1.4 0	ITY-ST-ZIP			
TITLE	ST ADDITION OF A	DELETE	2 1 T	ITLE		☐ Change	Addition
NAME	VAN WINKLE, ADELAIDE S.		221	IAME			
STREET ADDRESS	750 S. OCEAN BLVD.		235	TREET ADDRESS			
City-ST-ZiP	BOCA RATON FL	FOREST		CITY-ST-ZIP		Channa -	T Addition
TETLE	OLTON, FRANK	DELETE	311			Change	Addition Addition
NAME	750 S. OCEAN BLVD.			IAME			
STREET ADDRESS	BOCA RATON FL			STREET ADDRESS			
CITY-ST-ZIP	D	DELETE	4.11	CITY-ST-ZIP		Change	☐ Addition
TITLE	PRESHYN, JOHN S	Placere		NAME			
NAME etocks approace	TEN O COPIANI DILAM			STREET ADDRESS			
STREET ADDRESS	BOCA RATON FL			CITY-ST-ZIP			
CITY-ST-ZIP TITLE	D	DELETE		ITLE		☐ Change	Addition
NAME	SMITH, HAROLD M.			NAME			
STREET ADDRESS	750 S OCEAN BOULEVARD			STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33432			CITY-ST-ZIP			
TITLE		DELETE		ITLE		☐ Change	Addition
NAME				NAME		<u> </u>	
STREET ADDRESS	1			STREET ADDRESS			
				CITY-ST-ZIP			
CITY-ST-ZIP	1		0.41	7111-31-ZIF			

14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if chapged, or on an attachment with an address.

SIGNATURE: Fred J. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fred J. Holden, Manager

1/26/96 407-395-9122 Deylime Phone #