NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

09-22-2002 90059 018 ****61.25
FILED 742216

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

873234

DOCUMENT # 742216

1. Entity Name
SABAL PINE SOUTH CONDO ASSOC. INC.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
2840 SW 22nd Ave.	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Delray Beach, FL	City & State
City & State	SAME
Zip 33445 Country USA	Zip Country

4. FEI Number 591832728 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: JILL M. HAND

Street Address (P.O. Box Number is Not Acceptable): 2820 SW 22nd Ave #209

City: Delray Bch FL Zip Code: 33445

8. 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 _____ DATE 9/19/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE: DT NAME: Eileen Maile STREET ADDRESS: 2940 SW 22nd Ave #715 CITY-ST-ZIP: Delray Bch FL 33445	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: P NAME: Jill M. HAND STREET ADDRESS: 2820 SW 22nd Ave #209 CITY-ST-ZIP: Delray Bch, FL 33445	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: D NAME: Woodie Daust STREET ADDRESS: 2840 SW 22nd Ave # 315 CITY-ST-ZIP: Delray Bch, FL 33445	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: VP NAME: Deanna Gentile STREET ADDRESS: 2940 SW 22nd Ave # 718 CITY-ST-ZIP: Delray Bch, FL 33445	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: D NAME: Florence McRae STREET ADDRESS: 2860 SW 22nd Ave # 418 CITY-ST-ZIP: Delray Bch, FL 33445	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: D NAME: John Whitehead STREET ADDRESS: 2900 SW 22nd Ave # 501 CITY-ST-ZIP: Delray Bch, FL 33445	TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

9/19/02

CR2E037B (12/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ JILL M. HAND 9/19/02 561-330-0607
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

D- Carol Wigginton
2960 SW 22nd Ave # 808
Delray Bch, FL 33445

873234
#742216

D- Chuck Catri
2800 SW 22nd Ave #115
Delray Bch, FL 33445