

FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 13 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 746830 (9)

1. Corporation Name
THE GARDENS OF SABAL PALM CONDOMINIUM RESIDENCES *1* INC.



Principal Place of Business 5155 E SABAL PALM BLVD TAMARAC FL 33319-2665	Mailing Address 5155 E SABAL PALM BLVD TAMARAC FL 33319-2665
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3. Date Incorporated or Qualified
04/20/1979

4. FEI Number
59-2028601

Applied For	Not Applicable
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21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.
23. City & State	24. City & State
25. Zip	26. Country
27. Zip	28. Country

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**FISCHER, STEVEN P
300 S. PINE ISLAND RD., SUITE 110
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEFORTUNA, WENDY	1.2 NAME	
STREET ADDRESS	5155 E SABAL PALM BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	1.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENBERGER, DAVID	2.2 NAME	
STREET ADDRESS	5155 E SABAL PALM BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	2.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEIFELD, LOUISE	3.2 NAME	
STREET ADDRESS	5155 E SABAL PALM BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	3.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, JOYCE	4.2 NAME	
STREET ADDRESS	5155 E SABAL PALM BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAUSFELDER, TRUDY	5.2 NAME	D DE SANTIS, TEO
STREET ADDRESS	5155 E SABAL PALM BLVD	5.3 STREET ADDRESS	5155 E SABAL PALM BLVD
CITY-ST-ZIP	TAMARAC FL	5.4 CITY-ST-ZIP	TAMARAC FL
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 changed, or on an attachment with an address.

SIGNATURE _____

CR2E037 (10/97)