

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90014 038 ****61.25

DOCUMENT # 746830

1. Entity Name
THE GARDENS OF SABAL PALM CONDOMINIUM RESIDENCES

Principal Place of Business Mailing Address
5155 E SABAL PALM BLVD **5155 E SABAL PALM BLVD**
TAMARAC FL 33319-2665 **TAMARAC FL 33319-2665**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-2028601 Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

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

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

FILE NOW: FEE IS \$61.25

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DEFORTUNA, WENDY 5155 E SABAL PALM BLVD TAMARAC FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition <i>Joyce Nash</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GREENBERGER, DAVID 5155 E SABAL PALM BLVD TAMARAC FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition <i>Louise Neifeld</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV NEIFELD, LOUISE 5155 E SABAL PALM BLVD TAMARAC FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition <i>R. Bixler</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ROGERS, JOYCE 5155 E SABAL PALM BLVD TAMARAC FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition <i>Sylvia Fiol</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DESANTIS, TEO 5155 E SABAL PALM BLVD TAMARAC FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Louise Neifeld* **Louise Neifeld** *1/3/00* *(954) 973-0659*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #