

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 13, 2001 8:00 am**  
**Secretary of State**

02-13-2001 90027 012 \*\*\*\*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  
 TAMARAC FL 33319-2665

5155 E SABAL PALM BLVD  
 TAMARAC FL 33319-2665

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2028601**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE



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

Signature, typed or printed name of registered agent and the title if applicable.

(NOTE: Registered Agent signature required when re-registering)

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	T	<input type="checkbox"/> Delete
NAME	<b>NASH, JOYCE</b>	
STREET ADDRESS	<b>5155 E SABAL PALM BLVD</b>	
CITY-ST-ZIP	<b>TAMARAC FL</b>	
TITLE	DP	<input type="checkbox"/> Delete
NAME	<b>HEFELD, LOUISE</b>	
STREET ADDRESS	<b>5155 E SABAL PALM BLVD</b>	
CITY-ST-ZIP	<b>TAMARAC FL</b>	
TITLE	DV	<input type="checkbox"/> Delete
NAME	<b>BIXLER, R.</b>	
STREET ADDRESS	<b>5155 E SABAL PALM BLVD</b>	
CITY-ST-ZIP	<b>TAMARAC FL</b>	
TITLE	DS	<input type="checkbox"/> Delete
NAME	<b>FIOL, SYLVIA</b>	
STREET ADDRESS	<b>5155 E SABAL PALM BLVD</b>	
CITY-ST-ZIP	<b>TAMARAC FL</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>DESANTIS, TEO</b>	
STREET ADDRESS	<b>5155 E SABAL PALM BLVD</b>	
CITY-ST-ZIP	<b>TAMARAC FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NASH</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEIN, K</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Bixler, R</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FIOL, Sylvia</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Richard M. Bixler*  
**Richard M. Bixler**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/9/01**  
 Day

**(954) 973-0658**  
 Daytime Phone #

CR2E037 (10/00)