

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746830

FILED  
Mar 01, 2007  
Secretary of State

Entity Name: THE GARDENS OF SABAL PALM CONDOMINIUM RESIDENCES"1" INC.

**Current Principal Place of Business:**

2641 EAST ATLANTIC BLVD.  
SUITE 310  
POMPANO BEACH, FL 33062

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 802  
POMPANO BEACH, FL 33061

**New Mailing Address:**

FEI Number: 59-2028601      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TMG MANAGEMENT  
2641 E. ATLANTIC BLVD.  
SUITE 310  
POMPANO BEACH, FL 33062 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MARTINEZ, WINSTON  
Address: 5155 SABAL PALM BLVD, #A101  
City-St-Zip: TAMARAC, FL 33319

Title: DS ( ) Delete  
Name: KUHFAHL, JAMES  
Address: 5155 SABAL PALM BLVD., #A201  
City-St-Zip: TAMARAC, FL 33319

Title: P ( ) Delete  
Name: BIXLER, RON  
Address: 5155 SABAL PALM BLVD., #A210  
City-St-Zip: TAMARAC, FL 33319

Title: DT ( ) Delete  
Name: FAUST, BILL  
Address: 5155 SABAL PALM BLVD., #A204  
City-St-Zip: TAMARAC, FL 33319

Title: VP ( ) Delete  
Name: DESANTIS, TEO  
Address: 6075 SABAL PALM BLVD. N., #D302  
City-St-Zip: TAMARAC, FL 33319

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: BIXLER, RON  
Address: 5155 SABAL PALM BLVD., #A210  
City-St-Zip: TAMARAC, FL 33319

Title: P (X) Change ( ) Addition  
Name: FAUST, BILL  
Address: 5155 SABAL PALM BLVD., #A204  
City-St-Zip: TAMARAC, FL 33319

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERRY MCGREGOR

MR.

03/01/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date