

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Nov 13, 2009
Secretary of State

DOCUMENT# 746830

Entity Name: THE GARDENS OF SABAL PALM CONDOMINIUM RESIDENCES"1" INC.**Current Principal Place of Business:**631 EAST ATLANTIC BLVD.
POMPANO BEACH, FL 33060**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
631 E. ATLANTIC BLVD.
POMPANO BEACH, FL 33060 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: P () Delete
Name: MARTINEZ, WINSTON
Address: 5155 SABAL PALM BLVD. #A101
City-St-Zip: TAMARAC, FL 33319

Title: S () Delete
Name: BUTLER, JEANETTE
Address: 5155 SABAL PALM BLVD. #A103
City-St-Zip: TAMARAC, FL 33319

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

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

Title: D (X) Delete
Name: BLAIR, GARY
Address: 5155 SABAL PALM BLVD. #A205
City-St-Zip: TAMARAC, FL 33319

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SALERNO, CHRISTIAN
Address: 5155 SABAL PALM BLVD. #A106
City-St-Zip: TAMARAC, FL 33319

Title: S (X) Change () Addition
Name: GALLO, ROXANA
Address: 5155 SABAL PALM BLVD. #A109
City-St-Zip: TAMARAC, FL 33319

Title: T (X) Change () Addition
Name: ABDOULKADER, SOPHIA
Address: 6075 SABAL PALM BLVD. N. #D203
City-St-Zip: TAMARAC, FL 33319

Title: VP (X) Change () Addition
Name: RODRIGUEZ, JOSE
Address: 6075 SABAL PALM BLVD. N. #D114
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 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.

11/13/2009

Electronic Signature of Signing Officer or Director

Date