2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State
04-28-2006 90205 009 ****61.25

DOCUMENT # 758542

1. Entity Name
SABAL LAKE OF BOCA WEST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
C/O LANG MANAGEMENT
21045 COMMERICAL TRL
BOCA RATON, FL 33486

Mailing Address
C/O LANG MANAGEMENT
21045 COMMERICAL TRL
BOCA RATON, FL 33486

60030768

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip / Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip / Country

01052006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2096895

Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAWK EYE MANAGEMENT, INC.
3901 N. FEDERAL HWY., STE. 202
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PD HYMES, MARSHA 19383 SABAL LAKE DR. BOCA RATON, FL 33434	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	TD DEVITO, JOSEPH 19379 SABAL LAKE DR BOCA RATON, FL 33434	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	TD GARCHIK, HOWARD 19365 SABLE LAKE DR. BOCA RATON, FL 33434	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VP AARON, STANLEY 19381 SABAL LAKE DR. BOCA RATON, FL 33434	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	SD NELSON, EARL 19359 SABAL LAKE DR. BOCA RATON, FL 33434	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	~~D~~ ~~FERRARA, CHARLES~~ ~~19347 SABAL LAKE DR~~ ~~BOCA RATON, FL 33434~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D FERRARA, CHARLES 19347 SABAL LAKE DR. BOCA RATON, FL 33434	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Marsha A Hymes 4/24/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARSHA HYMES