2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

4/9

FILED
Apr 30, 2007 8:00 am
Secretary of State
04-09-2007 90095 022 ****61.25

DOCUMENT # 758542

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

Principal Place of Business	Mailing Address
3901 N. FEDERAL HIGHWAY SUITE 202 BOCA RATON, FL 33431	3901 N. FEDERAL HIGHWAY SUITE 202 BOCA RATON, FL 33431

C3232007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
778 South Military Trail	P.O. Box 97-0069
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Deerfield Beach FL	City & State: Boca Raton FL
Zip: 33442 Country: USA	Zip: 33497-0069 Country: USA

4. FEI Number: 59-2501757 ☐ 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: Gary PAlombi
Street Address (P.O. Box Number is Not Acceptable): 778 South Military TRAIL
City: Deerfield Beach FL Zip Code: 33442

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: GARY PALOMBI 4/9/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

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 GARCHIK, HOWARD 19365 SABLE LAKE DR BOCA RATON, FL 33434	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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 SABLE LAKE DR BOCA RATON, FL 33434	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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: [signature] 4/9/07 954-426-0151
SIGNATURE AND TYPED OR PRINTED NAME OF [illegible] OFFICER OR DIRECTOR Date Daytime Phone #