


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90017 019 \*\*\*\*61.25

<b>DOCUMENT # 758542</b> 1. Entity Name <b>SABAL LAKE OF BOCA WEST CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>778 SOUTH MILITARY TRAIL DEERFIELD BEACH, FL 33442</b>			Mailing Address <b>PO BOX 970069 BOCA RATON, FL 33497</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4032008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number <b>59-2501757</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PALOMBI, GARY 778 SOUTH MILITARY TRAIL DEERFIELD BEACH, FL 33442</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD HYMES, MARSHA 19383 SABAL LAKE DR. BOCA RATON, FL 33434</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD GARCHIK, HOWARD 19365 SABLE LAKE DR BOCA RATON, FL 33434</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP AARON, STANLEY 19381 SABAL LAKE DR. BOCA RATON, FL 33434</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD NELSON, EARL 19359 SABAL LAKE DR. BOCA RATON, FL 33434</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FERRARA, CHARLES 19347 SABLE LAKE DR BOCA RATON, FL 33434</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S SUSAN SALAT 19409 SABAL LAKE DR BOCA RATON FL 33434</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Lem-TARSHIS 19361 SABAL LAKE DR BOCA RATON FL 33434</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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.					
<b>SIGNATURE:</b> <i>Marsha A Hymes</i> <b>4/18/08</b> <b>561-482-0028</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					