2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# 758542

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

Current Principal Place of Business:

778 SOUTH MILITARY TRAIL
DEERFIELD BEACH, FL 33442

New Principal Place of Business:

Current Mailing Address:

PO BOX 970069
BOCA RATON, FL 33497

New Mailing Address:

FEI Number: 59-2501757 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PALOMBI, GARY
778 SOUTH MILITARY TRAIL
DEERFIELD BEACH, FL 33442 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: PD ( ) Delete
Name: HYMES, MARSHA
Address: 19383 SABAL LAKE DR.
City-St-Zip: BOCA RATON, FL 33434

Title: D ( ) Delete
Name: GARCHIK, HOWARD
Address: 19365 SABLE LAKE DR
City-St-Zip: BOCA RATON, FL 33434

Title: TVP ( ) Delete
Name: AARON, STANLEY
Address: 19381 SABAL LAKE DR.
City-St-Zip: BOCA RATON, FL 33434

Title: S ( ) Delete
Name: SALAT, SUSAN
Address: 19409 SABAL LAKE DR.
City-St-Zip: BOCA RATON, FL 33434

Title: D ( ) Delete
Name: TARSHIG, LEM
Address: 19361 SABAL LAKE DR.
City-St-Zip: BOCA RATON, FL 33434

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: HYMES, MARSHA
Address: 19383 SABAL LAKE DR.
City-St-Zip: BOCA RATON, FL 33434

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

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

Title: S (X) Change ( ) Addition
Name: PARDES, JEFF
Address: 19391 SABAL LAKE DR.
City-St-Zip: BOCA RATON, FL 33434

Title: D (X) Change ( ) Addition
Name: TARSHIS, LEMUEL
Address: 19361 SABAL LAKE DR.
City-St-Zip: BOCA RATON, FL 33434

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: GARY PALOMBI RA 04/06/2009

Electronic Signature of Signing Officer or Director — Date