

REINSTATEMENT

DOCUMENT # 762768

1. Entity Name

SABAL SQUARE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

155 SABAL PALM DR
LONGWOOD, FL 32779

Mailing Address

155 SABAL PALM DR
LONGWOOD, FL 32779

FILED

05 JAN 13 AM 8:36

REINSTATEMENT

04-05



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

175 Sabal Palm Drive

Suite, Apt. #, etc.

City & State

Longwood, FL

Zip
32779

Country

01062005 REIN-NP

CR2E099 (6/04)

4. FEI Number

59-3738765

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BONYADI, BYRON B
175 SABAL PALM DRIVE
LONGWOOD, FL 32779

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BROWER, LISA
STREET ADDRESS 233 HUNT CLUB BLVD.
CITY-STATE-ZIP LONGWOOD, FL 32779

☐ Delete

TITLE STD
NAME MILLER, LINDA
STREET ADDRESS 181 SABAL PALM DR
CITY-STATE-ZIP LONGWOOD, FL 32779

☐ Delete

TITLE D
NAME BONYADI, BYRON B
STREET ADDRESS 175 SABAL PALM DR
CITY-STATE-ZIP LONGWOOD, FL 32779

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Delete

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CITY-STATE-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Byron B. Bonyadi

Byron B. Bonyadi

1/7/05 407-786-7000

1/14/05