

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **M56883** (5)

1. Corporation Name

**SABATELLO DEVELOPMENT CORPORATION V.**

**FILED**  
**Mar 25, 1996 08:00 AM**  
**Secretary of State**



Principal Place of Business

Mailing Address

**5604 PGA BLVD  
109  
PALM BEACH GARDENS FL 33418  
US**

**5604 PGA BLVD  
109  
PALM BEACH GARDENS FL 33418  
US**

2. Principal Place of Business

21 **5610 PGA Blvd.**

2a. Mailing Address

26 **5610 PGA Blvd.**

Suite, Apt. #, etc.

22 **Ste # 114**

Suite, Apt. #, etc.

27 **Ste. # 114**

City & State

23 **Palm Bch Gdns FL**

City & State

28 **Palm Bch Gdns, FL**

Zip

24 **33418**

Country

25 **USA**

Zip

29 **33418**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**SABATELLO CARL M  
5604 PGA BLVD.  
SUITE 109  
PALM BEACH GARDENS FL 33418**

3. Date Incorporated or Qualified

**08/05/1987**

3a. Date of Last Report

**05/01/1995**

4. FEI Number

**65-0004951**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
**5610 PGA Blvd. Ste # 114**

83

84 City

**Palm Beach Gardens**

**FL**

85 Zip Code  
**33418**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DP  
SABATELLO, CARL M.  
STREET ADDRESS **5604 PGA BLVD SUITE 109  
CITY-ST-ZIP **PALM BEACH GARDENS FL******

TITLE ☐ DELETE

NAME **DP  
SABATELLO, THEODORE  
STREET ADDRESS **5604 PGA BLVD STE 109  
CITY-ST-ZIP **PALM BCH GRDNS FL******

TITLE ☐ DELETE

NAME **DS  
SABATELLO, MICHAEL  
STREET ADDRESS **5604 PGA BLVD STE 109  
CITY-ST-ZIP **PALM BCH GRDNS FL******

TITLE ☐ DELETE

NAME **DV  
SABATELLO, PAUL  
STREET ADDRESS **5604 PGA BLVD SUITE 109  
CITY-ST-ZIP **PALM BEACH FL******

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**5610 PGA Boulevard, Suite 114  
Palm Beach Gardens, FL 33418**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**5610 PGA Boulevard, Suite 114  
Palm Beach Gardens, FL 33418**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**5610 PGA Boulevard, Suite 114  
Palm Beach Gardens, FL 33418**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

**5610 PGA Boulevard, Suite 114  
Palm Beach Gardens, FL 33418**

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

**5610 PGA Boulevard, Suite 114  
Palm Beach Gardens, FL 33418**

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Carl M. Sabatello, President**

**1/30/96**

Date

**407/626-7600**

Day/Time Phone #

CR2E034 (12/95)