

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N10962**

1. Entity Name

**THE P.G.A. BOULEVARD CONCOURSE BUILDING F  
CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

**5610 P.G.A. BLVD.  
SUITE 114  
PALM BEACH GARDENS, FL 33418**

Mailing Address

**5610 P.G.A. BLVD.  
SUITE 114  
PALM BEACH GARDENS, FL 33418**



01042007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**65-1052480**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SABATELLO, CARL M  
5610 PGA BLVD., #114  
PALM BEACH GARDENS, FL 33418**

**DO NOT WRITE  
IN THIS SPACE**

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)

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04/26/07-80058-001 30.62

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

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04/26/07-80058-002 20.42

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
SABATELLO, CARL M.  
5610 PGA BLVD., STE. 114  
PALM BEACH GARDENS, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
BARZA, DORU DR.  
5610 PGA BLVD., STE. 114  
PALM BEACH GARDENS, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
FALTICENI, DEMETRI DR.  
5610 PGA BLVD., STE. 114  
PALM BEACH GARDENS, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Carl M. Sabatello, Mgr.* 3/26/07 (561)626-7600

Date

Daytime Phone #