

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N34512 (6)

1. Corporation Name

SABAL CENTER ASSOCIATION, INC.



Principal Place of Business

Mailing Address

9720 PRINCESS PALM AVE
SUITE 140
TAMPA FL 33619
US

P O BOX 1244 TAX DEPT
NEW YORK, N Y 10116

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 433 PLAZA REAL

22 City & State

27 SUITE 335

23 Zip

Country

28 BOCA RATON, FL.

24 Zip

Country

29 33432

Country

30 PALM BCH

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/05/1989

3a. Date of Last Report

05/01/1995

4. FEI Number

22-3019780

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$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

HENDERSON, THOMAS N., III
101 E. KENNEDY BLVD., SUITE 3700
TAMPA FL 33602

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
GIORDANO, SAMUEL J.
250 WEST 34TH ST
NEW YORK NY

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
DURNING, PETER F.
250 W. 34TH ST.
NEW YORK NY

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
EGAN, WILLIAM M
250 W 34TH ST
NEW YORK NY

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
IMBRIANI, JAN
9720 PRINCESS PALM AVE STE 140
TAMPA FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
AT
DISTASI, JOHN M
250 W 34TH ST
NEW YORK NY

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
Director, President
THOMAS J. CROOKER
433 PLAZA REAL, SUITE 335
BOCA RATON, FL. 33432

☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
Director, V.P.
RICHARD ALKEMAN
433 PLAZA REAL, SUITE 335
BOCA RATON, FL. 33432

☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
Director, Treasurer, Secretary
CHRISTOPHER DECKER
433 PLAZA REAL, SUITE 335
BOCA RATON, FL. 33432

☐ Change ☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 617, 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
RICHARD ALKEMAN

6/28/96

Date

407-345-9066

Daytime Phone #

CR2E037 (3/96)