

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 # P93000045991 (5)

1. Corporation Name

SABAL GARDENS DEVELOPMENT CORPORATION



Principal Place of Business

5171 SABAL GARDENS LANE
BOCA RATON FL 33487
US

Mailing Address

5171 SABAL GARDENS LANE
BOCA RATON FL 33487
US

3. Date Incorporated or Qualified 06/29/1993

3a. Date of Last Report 06/19/1995

2. Principal Place of Business

21 5171 Sabal Gardens Lane

2a. Mailing Address

26 5171 Sabal Gardens Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0421514

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

22

27

23 Boca Raton, FL

28 Boca Raton, FL

24 33487

25 US

29 33487

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EISEN, ROBERT A
433 PLAZA REAL
SUITE 275, MIZNER PARK
BOCA RATON FL 33432

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 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, if not applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME CRUDELE, PAT G
STREET ADDRESS 5171 SABAL GARDENS LANE
CITY-ST-ZIP BOCA RATON FL 33487

TITLE VD ☐ DELETE

NAME PAINO, JOHN
STREET ADDRESS 5171 SABAL GARDENS LANE
CITY-ST-ZIP BOCA RATON FL 33487

TITLE S ☐ DELETE

NAME EISEN, ROBERT A
STREET ADDRESS 433 PLAZA REAL, SUITE 275
CITY-ST-ZIP BOCA RATON FL 33432

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-24-95 407-995-9129

CR2E034 (12/95)