


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90239 047 \*\*\*\*61.25

**DOCUMENT # 743965**  
 1. Entity Name  
**SABAL LAKES PROPERTY OWNERS' ASSOCIATION, INC.**



Principal Place of Business  
 123 WINTERSONG LN  
 SUN CITY CENTER, FL 33573 US

Mailing Address  
 123 WINTERSONG LN  
 SUN CITY CENTER, FL 33573 US

2. Principal Place of Business  
 409 E. College Ave  
 Suite, Apt. #, etc.

3. Mailing Address  
 P.O. Box 1058  
 Suite, Apt. #, etc.

City & State  
 Ruskin FL

City & State  
 Ruskin FL

Zip  
 33570

Country  
 US

Zip  
 33575

Country  
 US



02252006 Chg-NP CR2E037 (11/05)

4. FEI Number  
 59-1880342

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 WILSON, LOU ELLEN  
 409 E COLLEGE AVE.  
 RUSKIN, FL 33575

7. Name and Address of New Registered Agent  
 Name: **TRIMMER, Kathy**  
 Street Address (P.O. Box Number is Not Acceptable)  
 409 E. College Ave.  
 City: **Ruskin** FL Zip Code: **33570**

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: *Kathy Trimmer* DATE: **3/10/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>HENDRICKS, BETTY<br>1007 YELLOW BLVD PL<br>SUN CITY CENTER, FL<br><input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | S/Tren.<br>Van Gilder, Carroll<br>123 Wintersong Ln<br>Sun City Center FL 33573<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>DITMORE, JANET<br>912 BLUEWATER<br>SUN CITY CENTER, FL<br><input checked="" type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>HOLMES, GAIL<br>805 BLUEWATER DR<br>SUN CITY CENTER, FL<br><input type="checkbox"/> Delete                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | P<br>Holmes, GAIL<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MARCHBANKS, ALLISON<br>901 BLUEWATER DR.<br>SUN CITY CENTER, FL 33573<br><input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ARNATA, SAMUEL<br>126 WINTERSONG LANE<br>SUN CITY CENTER, FL<br><input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VP<br>AMATA, Samuel<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ERNST, DALE<br>902 BLUEWATER DR<br>SUN CITY CENTER, FL<br><input type="checkbox"/> Delete                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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: *Gail Holmes* DATE: **3/09/06** TELEPHONE: **813/634-4209**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR