

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743965

FILED
Jan 28, 2009
Secretary of State

Entity Name: SABAL LAKES PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

409 E COLLEGE AVE
RUSKIN, FL 33570 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1058
RUSKIN, FL 33575 US

New Mailing Address:

FEI Number: 59-1880342 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRIMMER, KATHY
409 E COLLEGE AVE.
RUSKIN, FL 33575 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DICKSON, JOHN
Address: 101 SOLA LANE
City-St-Zip: SUN CITY CENTER, FL 33573

Title: P () Delete
Name: HOLMES, GAIL
Address: 805 BLUEWATER DR
City-St-Zip: SUN CITY CENTER, FL

Title: D () Delete
Name: MARCHBANKS, ALLISON
Address: 901 BLUEWATER DR.
City-St-Zip: SUN CITY CENTER, FL 33573

Title: VP () Delete
Name: REEVES, WILLIAM
Address: 1021 BLUE WATER DR
City-St-Zip: SUN CITY CENTER, FL 33573

Title: ST () Delete
Name: ERNST, DALE
Address: 902 BLUEWATER DR
City-St-Zip: SUN CITY CENTER, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ERNST, DALE
Address: 902 BLUEWATER DR.
City-St-Zip: SUN CITY CENTER, FL 33573

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: EGGER, JERAULD
Address: 105 SOLA LANE
City-St-Zip: SUN CITY CENTER, FL 33573

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAIL HOLMES

P

01/28/2009

Electronic Signature of Signing Officer or Director

_____ Date