

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743965

FILED  
Feb 04, 2010  
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  
Name: DICKSON, JOHN  
Address: 101 SOLA LANE  
City-St-Zip: SUN CITY CENTER, FL 33573

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: GAIL HOLMES

P

02/04/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date