

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743965

FILED
Jan 06, 2012
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: VP
Name: DICKSON, JOHN
Address: 101 SOLA LANE
City-St-Zip: SUN CITY CENTER, FL 33573

Title: S
Name: NORTH, SANDRA
Address: 1016 BLUEWATER DRIVE
City-St-Zip: SUN CITY CENTER, FL 33573

Title: T
Name: REEVES, WILLIAM
Address: 1021 BLUEWATER DRIVE
City-St-Zip: SUN CITY CENTER, FL 33573

Title: D
Name: TWOMBLY, FRANK
Address: 1015 BLUEWATER DRIVE
City-St-Zip: SUN CITY CENTER, FL 33573

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

Title: D
Name: KRONER, MARY
Address: 807 BLUEWATER DRIVE
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: KATHY E. TRIMMER

AGT

01/06/2012

Electronic Signature of Signing Officer or Director

Date