

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743965

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

FILED
Jan 03, 2020
Secretary of State
4544701057CC

Current Principal Place of Business:

5940 FROND WAY
APOLLO BEACH, FL 33572

Current Mailing Address:

235 APOLLO BEACH BLVD
#417
APOLLO BEACH, FL 33572 US

FEI Number: 59-1880342

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COMMUNITIES FIRST ASSOCIATION MANAGEMENT LLC
5940 FROND WAY
APOLLO BEACH, FL 33572 US

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: KATHY TRIMMER

01/03/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DIRECTOR	Title	TREASURER
Name	DICKSON, JOHN	Name	COLE, TIMOTHY
Address	C/O COMMUNITIES FIRST ASSOCIATION MANAGEMENT LLC 235 APOLLO BEACH BLVD #417	Address	C/O COMMUNITIES FIRST ASSOCIATION MANAGEMENT LLC 235 APOLLO BEACH BLVD #417
City-State-Zip:	APOLLO BEACH FL 33572	City-State-Zip:	APOLLO BEACH FL 33572
Title	PRESIDENT	Title	DIRECTOR
Name	REEVES, WILLIAM	Name	WIENS, DAVID
Address	C/O COMMUNITIES FIRST ASSOCIATION MANAGEMENT LLC 235 APOLLO BEACH BLVD #417	Address	C/O COMMUNITIES FIRST ASSOCIATION MANAGEMENT LLC 235 APOLLO BEACH BLVD #417
City-State-Zip:	APOLLO BEACH FL 33572	City-State-Zip:	APOLLO BEACH FL 33572
Title	VP	Title	SECRETARY
Name	GORDON, SYLVIA	Name	FIORE, DONNA
Address	C/O COMMUNITIES FIRST ASSOCIATION MANAGEMENT LLC 235 APOLLO BEACH BLVD #417	Address	C/O COMMUNITIES FIRST ASSOCIATION MANAGEMENT LLC 235 APOLLO BEACH BLVD #417
City-State-Zip:	APOLLO BEACH FL 33572	City-State-Zip:	APOLLO BEACH FL 33572
Title	DIRECTO	Title	LICENSED COMMUNITY ASSOCIATION MANAGER
Name	WENDT, DENNIS	Name	TRIMMER, KATHY
Address	C/O COMMUNITIES FIRST ASSOCIATION MANAGEMENT LLC 235 APOLLO BEACH BLVD #417	Address	C/O COMMUNITIES FIRST ASSOCIATION MANAGEMENT LLC 235 APOLLO BEACH BLVD #417
City-State-Zip:	APOLLO BEACH FL 33572	City-State-Zip:	APOLLO BEACH FL 33572

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 TRIMMER

LICENSED COMMUNITY 01/03/2020
ASSOCIATION MANAGER

Electronic Signature of Signing Officer/Director Detail

Date