

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 743965

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

**Current Principal Place of Business:**

212 APOLLO BEACH BLVD  
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  
212 APOLLO BEACH BLVD  
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:** CAITLIN MOORE

04/27/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            COLE, TIMOTHY  
Address        C/O COMMUNITIES FIRST  
                  ASSOCIATION MANAGEMENT LLC  
                  235 APOLLO BEACH BLVD #417  
City-State-Zip: APOLLO BEACH FL 33572

Title            VP  
Name            WIENS, DAVID  
Address        C/O COMMUNITIES FIRST  
                  ASSOCIATION MANAGEMENT LLC  
                  235 APOLLO BEACH BLVD #417  
City-State-Zip: APOLLO BEACH FL 33572

Title            TREASURER  
Name            GORDON, SILVIA  
Address        C/O COMMUNITIES FIRST  
                  ASSOCIATION MANAGEMENT LLC  
                  235 APOLLO BEACH BLVD #417  
City-State-Zip: APOLLO BEACH FL 33572

Title            SECRETARY  
Name            FIORE, DONNA  
Address        C/O COMMUNITIES FIRST  
                  ASSOCIATION MANAGEMENT LLC  
                  235 APOLLO BEACH BLVD #417  
City-State-Zip: APOLLO BEACH FL 33572

Title            LICENSED COMMUNITY  
                  ASSOCIATION MANAGER  
Name            MOORE, CAITLIN  
Address        C/O COMMUNITIES FIRST  
                  ASSOCIATION MANAGEMENT LLC  
                  235 APOLLO BEACH BLVD #417  
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:** CAITLIN MOORE

LICENSED COMMUNITY    04/27/2023  
ASSOCIATION MANAGER

Electronic Signature of Signing Officer/Director Detail

Date