

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K61543

Entity Name: SABAL BAY, INC.

FILED  
Mar 08, 2012  
Secretary of State

**Current Principal Place of Business:**

2550 GOODLETTE RD. N., #100  
NAPLES, FL 34103 US

**New Principal Place of Business:**

**Current Mailing Address:**

2550 GOODLETTE RD. N., #100  
NAPLES, FL 34103 US

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORINA, ROBERT D  
2550 GOODLETTE RD. N., #100  
NAPLES, FL 34103 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: UTTER, PATRICK L  
Address: 2550 GOODLETTE RD. N., #100  
City-St-Zip: NAPLES, FL 34103 US

Title: D  
Name: CORINA, ROBERT D  
Address: 2550 GOODLETTE RD. N., #100  
City-St-Zip: NAPLES, FL 34103 US

Title: D  
Name: FLOOD, THOMAS J  
Address: 2550 GOODLETTE RD. N., #100  
City-St-Zip: NAPLES, FL 34103 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT D. CORINA

D

03/08/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date