

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90359 042 \*\*\*150.00

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AV

**DOCUMENT # K61543**

1. Entity Name  
**SABAL BAY, INC.**



Principal Place of Business  
**STE 400  
3003 TAMIAMI TRAIL N.  
NAPLES FL 34103  
US**

Mailing Address  
**STE 400  
3003 TAMIAMI TRAIL N.  
NAPLES FL 34103  
US**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLORA, TERRY L.  
3003 TAMIAMI TRAIL N.  
STE. 40  
NAPLES FL 34103**

Name **CORINA, ROBERT D.**  
Street Address (P.O. Box Number is Not Acceptable)  
**3003 TAMIAMI TRAIL N, STE 400**  
City **NAPLES** FL Zip Code **34103**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **Robert D. Corina** 2/25/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D**  Delete  
NAME **COLLIER, MILES C.**  
STREET ADDRESS **3003 TAMIAMI TRAIL NL. STE 400**  
CITY-ST-ZIP **NAPLES FL 34103**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D**  Delete  
NAME **BIRR, JEFFREY M.**  
STREET ADDRESS **3003 TAMIAMI TRAIL N. STE 400**  
CITY-ST-ZIP **NAPLES FL 34103**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D**  Change  Addition  
NAME **CORINA, ROBERT D**  
STREET ADDRESS **3003 TAMIAMI TRAIL NORTH, SUITE 400**  
CITY-ST-ZIP **NAPLES FL 34103**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D**  Change  Addition  
NAME **FLOOD, THOMAS J.**  
STREET ADDRESS **3003 TAMIAMI TRAIL NORTH, SUITE 400**  
CITY-ST-ZIP **NAPLES FL 34103**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **ROBERT D. CORINA** **Robert D. Corina** 2/25/03 239-261-4455  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)