

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00881

Entity Name: SABAL CREEK ASSOCIATION, INC.

Current Principal Place of Business:

459 NW PRIMA VISTA BLVD
PORT SAINT LUCIE, FL 34983

Current Mailing Address:

% SIGNATURE PROPERTY MGMT
459 NW PRIMA VISTA BLVD
PORT SAINT LUCIE, FL 34983 US

FEI Number: 59-2765467

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WADSWORTH, CHRISTOPHER
459 NW PRIMA VISTA BLVD
PORT SAINT LUCIE, FL 34983 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: CHRISTOPHER WADSWORTH

04/21/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name DE OLIVEIRA, MARIO
Address 459 NW PRIMA VISTA BLVD
City-State-Zip: PORT SAINT LUCIE FL 34983

Title PRESIDENT
Name NAPOLITANO, ANTHONY
Address % SIGNATURE PROPERTY MGMT
459 NW PRIMA VISTA BLVD
City-State-Zip: PORT SAINT LUCIE FL 34983

Title TREASURER
Name GUETTLER, KARL
Address 459 NW PRIMA VISTA BLVD
City-State-Zip: PORT SAINT LUCIE FL 34983

Title VP
Name WILLIAMS, LORENZEO
Address 459 NW PRIMA VISTA BLVD
City-State-Zip: PORT SAINT LUCIE FL 34983

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: ANTHONY NAPOLITANO

PRESIDENT

04/21/2020

Electronic Signature of Signing Officer/Director Detail

Date