2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000001330

FILED Mar 27, 2002 8:00 AM Secretary of State

Entity Name: SABAL PALM AT GRANDEZZA NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 9400 GLADIOLUS DR, STE 250 C/O R&P PROPERTY MANAGEMENT FT MYERS, FL 33908 265 AIRPORT ROAD SOUTH NAPLES, FL 34104 **Current Mailing Address:** New Mailing Address: 9400 GLADIOLUS DR, STE 250 C/O R&P PROPERTY MANAGEMENT 265 AIRPORT ROAD SOUTH FT MYERS, FL 33908 NAPLES, FL 34104 FEI Number: 65-1107856 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PEEPLES, C. PERRY CARROLL, GLENN 5551 RIDGEWOOD DRIVE, SUITE 101 C/O R&P PROPERTY MANAGEMENT 265 AIRPORT ROAD SOUTH NAPLES, FL 34108 NAPLES, FL 34104 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: GLENN CARROL 03/27/2002 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete BEVINGTON, DOROTHY Name: Name: 9400 GLADIOLUS DR, STE 250 Address: Address: City-St-Zip: FT MYERS, FL 33908 City-St-Zip: Title: VD () Delete Title: () Change () Addition Name: GULLO, VINCE Name: Address: 9400 GLADIOLUS DR. STE 250 Address: City-St-Zip: FT MYERS, FL 33908 City-St-Zip: Title: DST () Delete Title: () Change () Addition KNIZNER, DAVID Name: Name: 9400 GLADIOLUS DR, STE 250 Address: Address: City-St-Zip: FT MYERS, FL 33908 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: DOROTHY BEVINGTON PD 03/27/2002