

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90054 022 \*\*\*\*61.25

DOCUMENT # N04000004824					
1. Entity Name SABAL LAKE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 240 N WASHINGTON BLVD SUITE 304 SARASOTA, FL 34236		Mailing Address 240 N WASHINGTON BLVD SUITE 304 SARASOTA, FL 34236			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-2409131	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LEVIN, JEROME S ESQ LEVIN TANNENBAUM BAND GATES & PUGH 1680 FRUITVILLE RD - STE 102 SARASOTA, FL 34236			Name <u>George Kompothecras</u> Street Address (P.O. Box Number is Not Acceptable) <u>6526 Peacock, Unit 2</u> City <u>Sarasota</u> FL Zip Code <u>34242</u>		
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 <u>George Kompothecras</u>			DATE <u>1/10/06</u>		
Filing Fee is \$61.25 Due by May 1, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	KOMPOTHECRAS, GEORGE	NAME	<u>240 N. Washington Blvd, Suite 304</u>		
STREET ADDRESS	240 N WASHINGTON BLVD	STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL 34236	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	KOMPOTHECRAS, JAMES	NAME	<u>240 N. Washington Blvd, Suite 304</u>		
STREET ADDRESS	240 N WASHINGTON BLVD	STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL 34236	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEVIN, JEROME S ESQ	NAME			
STREET ADDRESS	1680 FRUITVILLE RD - STE 102	STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL 34236	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, 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: <u>George Kompothecras</u>			DATE <u>1/10/06</u> (941) 400-2114		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

