

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 16, 2009
Secretary of State**

DOCUMENT# N04000004824

Entity Name: SABAL LAKE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

240 N WASHINGTON BLVD
SUITE 304
SARASOTA, FL 34236

New Principal Place of Business:

240 N WASHINGTON BLVD
SUITE 317
SARASOTA, FL 34236

Current Mailing Address:

240 N WASHINGTON BLVD
SUITE 304
SARASOTA, FL 34236

New Mailing Address:

240 N WASHINGTON BLVD
SUITE 317
SARASOTA, FL 34236

FEI Number: 20-2409131

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOMPOTHECRAS, GEORGE
6526 PEACOCK UNIT 2
SARASOTA, FL 34242 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 () Delete
Name: KOMPOTHECRAS, GEORGE
Address: 240 N WASHINGTON BLVD, STE 304
City-St-Zip: SARASOTA, FL 34236

Title: D () Delete
Name: KOMPOTHECRAS, JAMES
Address: 240 N. WASHINGTON BLVD, STE 304
City-St-Zip: SARASOTA, FL 34236

Title: D () Delete
Name: LEVIN, JEROME S ESQ
Address: 1680 FRUITVILLE RD - STE 102
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: KOMPOTHECRAS, GEORGE
Address: 240 N WASHINGTON BLVD, STE 317
City-St-Zip: SARASOTA, FL 34236

Title: D (X) Change () Addition
Name: KOMPOTHECRAS, JAMES
Address: 240 N. WASHINGTON BLVD, STE 317
City-St-Zip: SARASOTA, FL 34236

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: GEORGE KOMPOTHECRAS

D

04/16/2009

Electronic Signature of Signing Officer or Director

Date