

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006201

FILED
Feb 04, 2009
Secretary of State

Entity Name: SABAL CHASE PROPERTY OWNERS, INC.

Current Principal Place of Business:

481 L M DAVEY LN
TITUSVILLE, FL 32780 US

New Principal Place of Business:

144 SONYA DRIVE
COCOA, FL 32926 US

Current Mailing Address:

481 L M DAVEY LN
TITUSVILLE, FL 32780 US

New Mailing Address:

144 SONYA DRIVE
COCOA, FL 32926 US

FEI Number: 59-3655169

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAY, CHARLIES G
144 SONYA DR.
COCOA, FL 32926 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: PD () Delete
Name: RATHBUN, DONALD
Address: 124 SONYA DR
City-St-Zip: COCOA, FL 32926 US

Title: PD () Delete
Name: BOURDON, HOWARD
Address: 164 SONYA DR
City-St-Zip: COCOA, FL 32926 US

Title: TD () Delete
Name: GAY, CHARLES G
Address: 144 SONYA DR
City-St-Zip: COCOA, FL 32926 US

Title: SD () Delete
Name: SONYA, HERNANDEZ
Address: 185 SONYA DR
City-St-Zip: COCOA, FL 32926 US

Title: D () Delete
Name: CARR, ROBERT
Address: 175 SONYA DR
City-St-Zip: COCOA, FL 32926 US

Title: D () Delete
Name: JEFFERY, SANDERS
Address: 104 SONYA DR
City-St-Zip: COCOA, FL 32926 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: CHARLES G. GAY

TD

02/04/2009

Electronic Signature of Signing Officer or Director

Date