

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000077308

**FILED**  
**Jan 15, 2007**  
**Secretary of State**

**Entity Name:** SABAL GOLF OF WEST FLORIDA CORP.

**Current Principal Place of Business:**

255 EAST FLAGLER STREET  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

3347 SABAL SPRINGS BLVD  
N. FORT MYERS, FL 33917

**New Mailing Address:**

**FEI Number:** 65-0980772      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JIBAI, HUSSEIN A  
3347 SABAL SPRINGS BLVD  
N FORT MYERS, FL 33917      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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: KARIM, JEBAI P  
Address: 3347 SABAL SPRINGS BLVD.  
City-St-Zip: N. FORT MYERS, FL 33917

Title: VP ( ) Delete  
Name: CLARAMONTE, FATIMA J  
Address: 255 EAST FLAGLER ST., STE 300  
City-St-Zip: MIAMI, FL 33131

Title: S ( ) Delete  
Name: LOPEZ, MARIA-ELENA E  
Address: 255 EAST FLAGLER STREET  
City-St-Zip: MIAMI, FL 33131

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HUSSEIN A. JIBAI

AGEN

01/15/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date