

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743654

FILED  
Jul 01, 2005  
Secretary of State

Entity Name: SABAL PALMS, OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

640 CARIBBEAN ROAD  
SATELLITE BEACH, FL 32937 US

**New Principal Place of Business:**

**Current Mailing Address:**

640 CARIBBEAN ROAD  
SATELLITE BEACH, FL 32937 US

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

CERESKA, KENNETH P  
640 CARIBBEAN ROAD  
SATELLITE BEACH, FL 32937 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: CERESKA, JANINA  
Address: 1282 HWY A1A UNIT #8  
City-St-Zip: SATELLITE BEACH, FL 32937 US

Title: D ( ) Delete  
Name: MARTINEZ, EMIGDIO JR.  
Address: 1282 A1A, UNIT 1  
City-St-Zip: SATELLITE BEACH, FL 32937 US

Title: D ( ) Delete  
Name: CERESKA, KENNETH P  
Address: 640 CARIBBEAN ROAD  
City-St-Zip: SATELLITE BEACH, AL 32937 US

Title: STD ( ) Delete  
Name: DEJONG, SHERRARD  
Address: 9770 S TROPICAL TR.  
City-St-Zip: MERRITT ISLAND, FL 32952

**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  
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 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: KENNETH P. CERESKA

D

07/01/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date