

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 09, 2009
Secretary of State**

DOCUMENT# 743654

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 ()

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, KENNETH
Address: 640 CARIBBEAN ROAD
City-St-Zip: SATELLITE BEACH, FL 32937 US

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

Title: STP () Delete
Name: ANDERSEN, PAUL
Address: 1280 HWY A-1-A, UNIT E
City-St-Zip: SATELLITE BEACH, FL 32937

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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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 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: KENNETH CERESKA

PD

04/09/2009

Electronic Signature of Signing Officer or Director

Date