


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90016 012 \*\*\*\*61.25

<b>DOCUMENT # 765771</b>					
1. Entity Name <b>SABAL POINT COMMUNITY SERVICES ASSOCIATION, INC.</b>					
Principal Place of Business 2180 WEST SR 434, SUITE 5000 LONGWOOD, FL 32779-5044 US			Mailing Address 2180 WEST SR 434, SUITE 5000 LONGWOOD, FL 32779-5044 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2352184</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>HART, JAMES W JR</b> <b>SENTRY MANAGEMENT INC</b> <b>2180 W SR 434 SUITE 5000</b> <b>LONGWOOD, FL 32779</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	<b>FL</b>	Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUNICKE, WAYNE		NAME	JAILLET, CLAUDETTE	
STREET ADDRESS	547 TIMBER RIDGE DR.		STREET ADDRESS	2652 BENT HICKORY CIR	
CITY-ST-ZIP	LONGWOOD, FL 32779		CITY-ST-ZIP	LONGWOOD, FL 32779	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POPE, CADESMAN III		NAME	WINTER, GLEN	
STREET ADDRESS	392 CREEKSTONE CT		STREET ADDRESS	532 TIMBER RIDGE DR	
CITY-ST-ZIP	LONGWOOD, FL 32779		CITY-ST-ZIP	LONGWOOD, FL 32779	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DURKIN, SHARON		NAME	WARD, JOAN	
STREET ADDRESS	549 S LONGVIEW PL		STREET ADDRESS	538 SABAL TRAIL CIR	
CITY-ST-ZIP	LONGWOOD, FL 32779		CITY-ST-ZIP	LONGWOOD, FL 32779	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUTZ, WILLIAM		NAME	STILLMAN, DON	
STREET ADDRESS	503 BRAMBLEWOOD CT		STREET ADDRESS	450 VILLAGE PL #112	
CITY-ST-ZIP	LONGWOOD, FL 32779		CITY-ST-ZIP	LONGWOOD, FL 32779	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BILLOTTE, JIM		NAME		
STREET ADDRESS	577 S LONGVIEW PL		STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD, FL 32779		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVINNEY, JOSH		NAME		
STREET ADDRESS	451 SABAL TRAIL CIR		STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD, FL 32779		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Wayne Hunicke</i>			Date: <i>March 15, 2008</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <i>WAYNE J. HUNICKE</i>			Daytime Phone #: <i>407 774 3234</i>		