

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765771

FILED
Apr 03, 2009
Secretary of State

Entity Name: SABAL POINT COMMUNITY SERVICES ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044 US

New Mailing Address:

FEI Number: 59-2352184

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 W SR 434 SUITE 5000
LONGWOOD, FL 32779 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: HUNICKE, WAYNE
Address: 547 TIMBER RIDGE DR.
City-St-Zip: LONGWOOD, FL 32779

Title: TD () Delete
Name: WINTER, GLEN
Address: 532 TIMBER RIDGE DR
City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete
Name: DURKIN, SHARON
Address: 549 S LONGVIEW PL
City-St-Zip: LONGWOOD, FL 32779

Title: VD () Delete
Name: BUTZ, WILLIAM
Address: 503 BRAMBLEWOOD CT
City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete
Name: BILLOTTE, JIM
Address: 577 S LONGVIEW PL
City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete
Name: DEVINNEY, JOSH
Address: 451 SABAL TRAIL CIR
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: JAILLET, CLAUDETTE
Address: 2652 BENT HICKORY CIR
City-St-Zip: LONGWOOD, FL 32779

Title: D (X) Change () Addition
Name: BOHNERT, KURT
Address: 673 N LONGVIEW PL
City-St-Zip: LONGWOOD, FL 32779

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: WAYNE HUNICKE

PD

04/03/2009

Electronic Signature of Signing Officer or Director

_____ Date