

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000001330

FILED  
Apr 29, 2003  
Secretary of State

Entity Name: SABAL PALM AT GRANDEZZA NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O R&P PROPERTY MANAGEMENT  
265 AIRPORT ROAD SOUTH  
NAPLES, FL 34104

**New Principal Place of Business:**

**Current Mailing Address:**

C/O R&P PROPERTY MANAGEMENT  
265 AIRPORT ROAD SOUTH  
NAPLES, FL 34104

**New Mailing Address:**

FEI Number: 65-1107856      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CARROLL, GLENN  
C/O R&P PROPERTY MANAGEMENT  
265 AIRPORT ROAD SOUTH  
NAPLES, FL 34104 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: BEVINGTON, DOROTHY  
Address: 9400 GLADIOLUS DR, STE 250  
City-St-Zip: FT MYERS, FL 33908

Title: VD ( ) Delete  
Name: GULLO, VINCE  
Address: 9400 GLADIOLUS DR, STE 250  
City-St-Zip: FT MYERS, FL 33908

Title: DST ( ) Delete  
Name: KNIZNER, DAVID  
Address: 9400 GLADIOLUS DR, STE 250  
City-St-Zip: FT MYERS, FL 33908

**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 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: DOROTHY BEVINGTON

D

04/29/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date