

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007436

FILED
Feb 10, 2012
Secretary of State

Entity Name: SABAL LAKES PHASE 4 HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

GULFSTREAM SERVICES MANAGEMENT
1500 GATEWAY BLVD., SUITE 220
BOYNTON BEACH, FL 33426

New Principal Place of Business:

Current Mailing Address:

GULFSTREAM SERVICES MANAGEMENT
1500 GATEWAY BLVD., SUITE 220
BOYNTON BEACH, FL 33426

New Mailing Address:

FEI Number: 20-1947262 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

STRALEAU, SCOTT
1500 GATEWAY BLVD., SUITE 220
BOYNTON BEACH, FL 33426 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: D
Name: BRESLIN, FRANK
Address: 1205 E. MAGNOLIA CIRCLE
City-St-Zip: DELRAY BEACH, FL 33445

Title: VP
Name: GUERRISE, MATTHEW
Address: 1215 E. MAGNOLIA CIR
City-St-Zip: DELRAY BEACH, FL 33445

Title: D
Name: SILLER, DAN
Address: 4201 N. MAGNOLIA CIR
City-St-Zip: DELRAY BEACH, FL 33445

Title: D
Name: GOIN, THOMAS
Address: 1161 W. MAGNOLIA CIR
City-St-Zip: DELRAY BEACH, FL 33445

Title: P
Name: GOSS, GLEN
Address: 4273 S. MAGNOLIA CIR
City-St-Zip: DELRAY BEACH, FL 33445

I hereby 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 all other like empowered.

SIGNATURE: GLENN GOSS

PRES

02/10/2012

Electronic Signature of Signing Officer or Director

Date