


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90054 022 ****61.25

DOCUMENT # N04000004824

1. Entity Name
SABAL LAKE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**240 N WASHINGTON BLVD
 SUITE 304
 SARASOTA, FL 34236**

Mailing Address
**240 N WASHINGTON BLVD
 SUITE 304
 SARASOTA, FL 34236**



2. Principal Place of Business Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address Suite, Apt. #, etc.
 City & State
 Zip Country

01092006 Chg-NP CR2E037 (11/05)

Suite, Apt. #, etc.
 City & State
 Zip Country

City & State
 Zip Country

4. FEI Number
20-2409131

Applied For
 Not Applicable

Zip Country
 Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEVIN, JEROME S ESQ
 LEVIN TANNENBAUM BAND GATES & PUGH
 1680 FRUITVILLE RD - STE 102
 SARASOTA, FL 34236**

Name **George Kompothecras**
 Street Address (P.O. Box Number is Not Acceptable) **6526 Peacock, Unit 2**
 City **Sarasota** FL Zip Code **34242**

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 *George Kompothecras* DATE 1/10/06
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **D KOMPOTHECRAS, GEORGE**
 STREET ADDRESS **240 N WASHINGTON BLVD**
 CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE Change Addition
 NAME **240 N. Washington Blvd, Suite 304**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D KOMPOTHECRAS, JAMES**
 STREET ADDRESS **240 N WASHINGTON BLVD**
 CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE Change Addition
 NAME **240 N. Washington Blvd, Suite 304**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D LEVIN, JEROME S ESQ**
 STREET ADDRESS **1680 FRUITVILLE RD - STE 102**
 CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 CITY-ST-ZIP

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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: *George Kompothecras* DATE 1/10/06 (941) 400-2114
Signature and typed or printed name of signing officer or director Date Daytime Phone #