

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010982

FILED  
Feb 16, 2006  
Secretary of State

**Entity Name:** SABAL POINT AT VERANDAH NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

9240 MARKETPLACE ROAD  
SUITE 1  
FT MYERS, FL 33912

**New Principal Place of Business:**

**Current Mailing Address:**

9240 MARKETPLACE ROAD  
SUITE 1  
FT MYERS, FL 33912

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

PEEPLER, C PERRY  
5551 RIDGEWOOD DRIVE  
SUITE 101  
NAPLES, FL 34108 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: ROSE, TIM  
Address: 9240 MARKETPLACE ROAD, SUITE 1  
City-St-Zip: FORT MYERS, FL 33912

Title: VPD ( ) Delete  
Name: BURCHETT, WELDON  
Address: 9240 MARKETPLACE ROAD, SUITE 1  
City-St-Zip: FORT MYERS, FL 33912

Title: STD ( ) Delete  
Name: HAMMOND, CHRIS  
Address: 9240 MARKETPLACE ROAD, SUITE 1  
City-St-Zip: FORT MYERS, FL 33912

**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 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: TIM ROSE

PD

02/16/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date