


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2008 08:00 A
Secretary of State

DOCUMENT # N06000009165 1. Entity Name SABAL GROVE PROPERTY OWNERS ASSOCIATION, INC.	
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Principal Place of Business C/O A & N MANAGEMENT 902 CLINT MOORE ROAD #110 BOCA RATON, FL 33487	Mailing Address C/O A & N MANAGEMENT 902 CLINT MOORE ROAD #110 BOCA RATON, FL 33487
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01162008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1290370	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PLATT, RON ESQ
205 NE 5TH TERR
D
DELRAY BEACH, FL 33444**

**DO NOT WRITE
IN THIS SPACE**

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: _____
(NOTE: Registered Agent signature required when reappointing)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	UD00000818331 02/15/08-80038-007 70.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HODGES, MARK S 1275 GATEWAY BLVD. BOYNTON BCH, FL 33426
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LILLER, STEPHEN B 1275 GATEWAY BLVD. BOYNTON BCH, FL 33426
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PLATT, RONALD L 1275 GATEWAY BLVD. BOYNTON BCH, FL 33426
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:  **1/29/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #