



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90854 043 ****61.25

DOCUMENT # N93000003644 1. Entity Name SABAL LAKES PHASE TWO HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 3735 RIVERSIDE WAY DELRAY BEACH, FL		Mailing Address 1400 MILITARY RD 204 C DELRAY BEACH, FL 33484	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
			
		04192007 Chg-NP CR2E037 (12/06)	
		4. FEI Number 65-0474038	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BACKER, KEITH ESQ BACKER LAW FIRM 400 SO DIXIE #420 BOCA RATON, FL 33432		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD HALL, DAVID	<input checked="" type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3760 SABAL LAKES ROAD		NAME
CITY-ST-ZIP	DELRAY BEACH, FL 33445		STREET ADDRESS
			CITY-ST-ZIP
TITLE	VPD ROBERTA, EMILY	<input type="checkbox"/> Delete	TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	37625 LANCEWOOD PL		NAME
CITY-ST-ZIP	DELRAY BEACH, FL 33445		STREET ADDRESS
			CITY-ST-ZIP
TITLE	TD NORDT, KENNETH	<input checked="" type="checkbox"/> Delete	TITLE VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1310 E. LANCEWOOD PL.		NAME Licata, Ross
CITY-ST-ZIP	DELRAY BEACH, FL 33445		STREET ADDRESS 3720 Beachwood Dr
			CITY-ST-ZIP Delray Beach, FL 33445
TITLE	SD GARLENSKI, JANET	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1255 E LANWOOD PL		NAME
CITY-ST-ZIP	DELRAY BEACH, FL 33445		STREET ADDRESS
			CITY-ST-ZIP
TITLE	TD HELSEHER, DICK	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3825 RIVERSIDE WAY		NAME
CITY-ST-ZIP	DELRAY BEACH, FL 33445		STREET ADDRESS
			CITY-ST-ZIP
TITLE	D PHILLIPS, RALPH	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3920 RIVERSIDE WAY		NAME
CITY-ST-ZIP	DELRAY BEACH, FL 33445		STREET ADDRESS
			CITY-ST-ZIP
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: <u>Richard M. Helsher</u> RICHARD M. HELSEHER		Date: 4-25-07	Daytime Phone #: 561-865-9973
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			