### 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: BONNIE MCKINLEY

Electronic Signature of Signing Officer/Director Detail

PRESIDENT BUROW, DARREN 1282 A1A

Title	DIRECTOR
Name	MCKINLEY, BONNIE
Address	1280 A1A UNIT F
City-State-Zip:	SATELLITE BEACH FL 32937

### The a

me and Ad	dress of Current Registered Agent:		
KINLEY, BON 0 A1A T F ELLITE BEAC	NIE R CH, FL 32937 US		
above named e	ntity submits this statement for the purpose of changing its registered office or registered a	gent, or both, in the State	of Florida.
SNATURE:	BONNIE MCKINLEY		02/
	Electronic Signature of Registered Agent		

**Current Principal Place of Business:** 1280 A1A UNIT F SATELLITE BEACH, FL 32937

**DOCUMENT# 743654** 

### **Current Mailing Address:**

1280 A1A UNIT F SATELLITE BEACH, FL 32937 US

### FEI Number: 27-3288881

# Nam

MCK 1280 UNIT SATE

**Officer/Director Detail :** 

DIRECTOR

#3

GIFFORD, TIMOTHY S

1282 HWY A1A, UNIT#3

SATELLITE BEACH FL 32937

SATELLITE BEACH FL 32937

SIG

Title

Title

Name Address

Name Address

City-State-Zip:

City-State-Zip:

# 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: SABAL PALMS, OWNERS ASSOCIATION, INC.

### FILED Feb 15, 2024 Secretary of State 5886588465CC

Certificate of Status Desired: No

02/15/2024

Date

02/15/2024 Date