

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765771

Entity Name: SABAL POINT COMMUNITY SERVICES ASSOCIATION, INC.

FILED
Mar 06, 2016
Secretary of State
CC3095815279

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779 US

FEI Number: 59-2352184

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SENTRY MANAGEMENT INC
2180 WEST SR 434 STE 5000
LONGWOOD, FL 32779 US

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: BRADLEY POMP

03/06/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name HUNICKE, WAYNE
Address 2180 WEST SR 434 STE 5000
City-State-Zip: LONGWOOD FL 32779

Title TREASURER, DIRECTOR
Name BILLOTTE, JIM
Address 2180 WEST SR 434 STE 5000
City-State-Zip: LONGWOOD FL 32779

Title SECRETARY, DIRECTOR
Name WARD, JOAN
Address 2180 WEST SR 434 STE 5000
City-State-Zip: LONGWOOD FL 32779

Title DIRECTOR
Name ST PIERRE, JOSEPH
Address 2180 WEST SR 434 STE 5000
City-State-Zip: LONGWOOD FL 32779

Title DIRECTOR
Name BUTZ, WILLIAM
Address 2180 WEST SR 434 STE 5000
City-State-Zip: LONGWOOD FL 32779

Title DIRECTOR
Name SAMPLE, DWIGHT
Address 2180 WEST SR 434 STE 5000
City-State-Zip: LONGWOOD FL 32779

Title DIRECTOR
Name CHAMPAGNE, MICHAEL
Address 2180 WEST SR 434 STE 5000
City-State-Zip: LONGWOOD FL 32779

Title DIRECTOR
Name BRUNO, ROBERT A
Address 2180 WEST SR 434 STE 5000
City-State-Zip: LONGWOOD FL 32779

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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: WAYNE HUNICKE

PRESIDENT

03/06/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SNOW, TOM
Address 2180 WEST SR 434 STE 5000
City-State-Zip: LONGWOOD FL 32779