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: STUART KENNEDY

Electronic Signature of Signing Officer/Director Detail

PRES

03/09/2016

# 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT# N06000009165

Entity Name: SABAL GROVE PROPERTY OWNERS ASSOCIATION, INC.

#### Current Principal Place of Business:

C/O A & N MANAGEMENT 902 CLINT MOORE ROAD #110 BOCA RATON, FL 33487

### **Current Mailing Address:**

C/O A & N MANAGEMENT 902 CLINT MOORE ROAD #110 BOCA RATON, FL 33487

### FEI Number: 65-1290370

### Name and Address of Current Registered Agent:

SCHNER, LARRY 350 CAMINO GARDENS BLVD 202 BOCA RATON, FL 33432 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:

Electronic Signature of Registered Agent

#### Officer/Director Detail :

Title	PRES	Title	TREASURER, SECRETARY	
Name	KENNEDY, STUART	Name	CAPUTO, MICHAEL A	
Address	C/O A & N MANAGEMENT 902 CLINT MOORE ROAD #110	Address	C/O A & N MANAGEMENT 902 CLINT MOORE ROAD #110	
City-State-Zip:	BOCA RATON FL 33487	City-State-Zip:	BOCA RATON FL 33487	

## FILED Mar 09, 2016 Secretary of State CC2864628590

Date

Certificate of Status Desired: No

Date