	ACIPAL Place of Business: RAN BLVD STE 100 32807			
Current Mai	ling Address:			
	ORAN BLVD STE 100 FL 32807 US			
FEI Number: 59-2542930		Certificate of Status Desired: No		
Name and A	ddress of Current Registered Agent:			
	PERTY MANAGEMENT, INC. AN BLVD STE 100 32807 US			
The above name	I entity submits this statement for the purpose of changing its reg	istered office or regis	tered agent, or both, in the State of Florida	
	d entity submits this statement for the purpose of changing its reg BENJAMIN ISIP	istered office or regis		3/10/2020
		istered office or regis		
	Electronic Signature of Registered Agent	istered office or regis		3/10/2020
SIGNATURE	Electronic Signature of Registered Agent	istered office or regis		3/10/2020
SIGNATURE Officer/Dire	Electronic Signature of Registered Agent		0	3/10/2020
SIGNATURE Officer/Dire	Electronic Signature of Registered Agent Ctor Detail : PRESIDENT	Title	VP	3/10/2020
SIGNATURE Officer/Dire Title Name	Electronic Signature of Registered Agent Ctor Detail : PRESIDENT BANKS, SAM 1320 N SEMORAN BLVD STE 100	Title Name	0 VP COLLINS, WILLIAM 1320 N SEMORAN BLVD STE 100	3/10/2020
SIGNATURE Officer/Dire Title Name Address	Electronic Signature of Registered Agent Ctor Detail : PRESIDENT BANKS, SAM 1320 N SEMORAN BLVD STE 100	Title Name Address	0 VP COLLINS, WILLIAM 1320 N SEMORAN BLVD STE 100	3/10/2020
SIGNATURE Officer/Dire Title Name Address City-State-Zip:	Electronic Signature of Registered Agent Ctor Detail : PRESIDENT BANKS, SAM 1320 N SEMORAN BLVD STE 100 ORLANDO FL 32807	Title Name Address	0 VP COLLINS, WILLIAM 1320 N SEMORAN BLVD STE 100	3/10/2020
SIGNATURE Officer/Dire Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent Electronic Signature of Registered Agent Ctor Detail : PRESIDENT BANKS, SAM 1320 N SEMORAN BLVD STE 100 ORLANDO FL 32807 TREASURER	Title Name Address	0 VP COLLINS, WILLIAM 1320 N SEMORAN BLVD STE 100	3/10/2020

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: SABAL ISLES AT WATERFORD HOMEOWNERS ASSOCIATION,

DOCUMENT# N99000005529

INC.

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.

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

03/10/2020

FILED Mar 10, 2020

Secretary of State

1502481345CC

Date