


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90079 020 \*\*\*\*61.25

<b>DOCUMENT # 713846</b>	
<b>1. Entity Name</b> SABAL PALM GARDENS, INC.	

<b>Principal Place of Business</b> WESTMINSTER ROAD AND BROAD STREET LEHIGH ACRES FL 33936-0145 US	<b>Mailing Address</b> P. O. BOX 145 LEHIGH ACRES FL 33936 US
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/05)

<b>4. FEI Number</b> 84-1635795	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> WILLIAMS, ELSIE 1116 BROAD STREET N LEHIGH ACRES FL 33936	
<b>7. Name and Address of New Registered Agent</b> Name: Murphy, Hilda I. Street Address (P.O. Box Number is Not Acceptable): 1112 Broad Street, North City: Lehigh Acres FL Zip Code: 33936	

**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: Hilda I. Murphy Hilda I. Murphy February 14, 2006  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: P <input type="checkbox"/> Delete	NAME: DEPUE, ALBERT	TITLE: P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: LESE, JOSEPH
STREET ADDRESS: 1101 BROAD STREET NORTH	CITY-ST-ZIP: LEHIGH ACRES FL 33936	STREET ADDRESS: 1100 BROAD STREET, NORTH	CITY-ST-ZIP: LEHIGH ACRES, FL. 33936
TITLE: V <input type="checkbox"/> Delete	NAME: PANEGA, TERRI	TITLE: VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: DEPUE, ALBERT
STREET ADDRESS: 1117 BROAD COURT	CITY-ST-ZIP: LEHIGH ACRES FL 33936	STREET ADDRESS: 1101 BROAD STREET, NORTH	CITY-ST-ZIP: LEHIGH ACRES, FL. 33936
TITLE: ST <input checked="" type="checkbox"/> Delete	NAME: MURPHY, HILDA I	TITLE: S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: PANEGA, TERRY
STREET ADDRESS: 1112 BROAD STREET, NORTH	CITY-ST-ZIP: LEHIGH ACRES FL 33936	STREET ADDRESS: 1117 BROAD COURT	CITY-ST-ZIP: LEHIGH ACRES, FL. 33936
TITLE: D <input checked="" type="checkbox"/> Delete	NAME: WILLIAMS, ELSIE	TITLE: T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: KILLIAN, HOMER
STREET ADDRESS: 1116 BROAD STREET NORTH	CITY-ST-ZIP: LEHIGH ACRES FL 33936	STREET ADDRESS: 1115 BROAD COURT	CITY-ST-ZIP: LEHIGH ACRES, FL. 33936
TITLE: D <input checked="" type="checkbox"/> Delete	NAME: MUNOZ, LILLIAN	TITLE: D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: LESE, JAMES
STREET ADDRESS: 55 WESTMINSTER STREET	CITY-ST-ZIP: LEHIGH ACRES FL 33936	STREET ADDRESS: 1109 BROAD STREET, NORTH	CITY-ST-ZIP: LEHIGH ACRES, FL. 33936
TITLE: D <input type="checkbox"/> Delete	NAME: LESE, JOSEPH	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1113 BROAD COURT	CITY-ST-ZIP: LEHIGH ACRES FL 33936	STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP: LEHIGH ACRES FL 33936		CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** Terry Panega Terry Panega February 14, 2006 (239) 369-4682