2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#713846

FILED Apr 19, 2009 Secretary of State

Entity Name: SABAL PALM GARDENS, INC.

Name and Address of Current Registered Agent: PANEGA, TERRY 1117 BROAD CT LEHIGH ACRES, FL 33936 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date								
LEHIGH ACRES, FL 339360145 US Current Mailing Address: P.O. BOX 145 LEHIGH ACRES, FL 33936 US P.O. BOX 145 LEHIGH ACRES, FL 33936 US PEI Number: 84-1635795 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (Name and Address of Current Registered Agent: PANEGA, TERRY 1117 BROAD CT LEHIGH ACRES, FL 33936 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date	Current Principal Place of Business:				New Principal Place	New Principal Place of Business:		
P.O. BOX 145 LEHIGH ACRES, FL 33936 US PEI Number: 84-1635795 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PANEGA, TERRY 1117 BROAD CT LEHIGH ACRES, FL 33936 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: P () Delete Name: PANEGA, TERRY Address: LEHIGH ACRES, FL 33936 City-St-Zip: LEHIGH ACRES, F					1115 BROAD CT	1115 BROAD CT		
LEHIGH ACRES, FL 33936 US LEHIGH ACRES, FL 33970 US FEI Number: 84-1635795 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (Name and Address of Current Registered Agent: Name and Address of New Registered Agent: Name: Address of	Current Mailing Address:				New Mailing Addres	New Mailing Address:		
Name and Address of Current Registered Agent: PANEGA, TERRY 1117 BROAD CT LEHIGH ACRES, FL 33936 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent			936	US		33970 US		
PANEGA, TERRY	FEI Number:	84-1635795	FEII	Number Applied For () FE	l Number Not Applicable ()	Certificate of Status Desired ()		
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent	Name and	Address of C	Curren	t Registered Agent:	Name and Address	of New Registered Agent:		
In the State of Florida Electronic Signature of Registered Agent	1117 BRÓA	AD CT	936	US				
Electronic Signature of Registered Agent			submit	s this statement for the purpo	se of changing its registere	ed office or registered agent, or both,		
OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRE Title: P () Delete Title: () Change () Addition Name: PANEGA, TERRY Address: 1117 BROAD CT. Address: City-St-Zip: LEHIGH ACRES, FL 33936 City-St-Zip: Title: VP (X) Delete Title: () Change () Addition Name: DARLING, MARYANN Name: Address: City-St-Zip: LEHIGH ACRES, FL 33936 City-St-Zip: LEHIGH ACRES, FL 33936 City-St-Zip: Title: S () Delete Title: () Change () Addition Name: GONZALEZ, ROBIN Name: Address: City-St-Zip: LEHIGH ACRES, FL 33936 City-St-Zip: Title: T () Delete Title: () Change () Addition Name: KILLIAN, ALBERTA Name: KILLIAN, ALBERTA Name: KILLIAN, ALBERTA Name: City-St-Zip: LEHIGH ACRES, FL 33936 City-St-Zip: LEHIGH	SIGNATUR	E:						
Title:		Electror	nic Sig	nature of Registered Agent		Date		
Name: PANEGA, TERRY Name: Address: 1117 BROAD CT. Address: 1117 BROAD CT. Address: City-St-Zip: LEHIGH ACRES, FL 33936 City-St-Zip: City-St-Zip: C) Change () Addition Name: DARLING, MARYANN Name: Address: City-St-Zip: LEHIGH ACRES, FL 33936 City-St-Zip: City-St-Zip: LEHIGH ACRES, FL 33936 City-St-Zip: City-St-Zip: City-St-Zip: City-St-Zip: LEHIGH ACRES, FL 33936 City-St-Zip: City-St-Zip: City-St-Zip: City-St-Zip: City-St-Zip: City-St-Zip: City-St-Zip: LEHIGH ACRES, FL 33936 City-St-Zip:	OFFICERS AND DIRECTORS:				ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Name: DARLING, MARYANN	Name: Address:	PANEGA, TERI 1117 BROAD C	RY CT.		Name: Address:	() Change () Addition		
Name: GONZALEZ, ROBIN	Name: Address:	DARLING, MAR 1112 BROAD S	RYANN STREET	NORTH	Name: Address:	() Change () Addition		
Name: KILLIAN, ALBERTA Name: Address: 1115 BROAD CT Address: City-St-Zip: LEHIGH ACRES, FL 33936 City-St-Zip: Title: D () Delete Title: () Change () Addition Name: LESE, JAMES Name: Address: City-St-Zip: LEHIGH ACRES, FL 33936 City-St-Zip: LEHIGH ACRES, FL 33936 City-St-Zip: Title: D (X) Delete Title: () Change () Addition Name: HERRERA, IDALIA Name: Address: 1131 BROAD STREET NORTH Address:	Name: Address:	GONZALEZ, RO 1125 BROAD S	OBIN ST N		Name: Address:	() Change () Addition		
Name: LESE, JAMES Name: Address: 1109 BROAD ST N Address: City-St-Zip: LEHIGH ACRES, FL 33936 City-St-Zip: Title: D (X) Delete Title: () Change () Addition Name: HERRERA, IDALIA Name: Address: 1131 BROAD STREET NORTH Address:	Name: Address:	KILLIAN, ALBE 1115 BROAD C	ERTA CT		Name: Address:	() Change () Addition		
Name: HERRERA, IDALIA Name: Address: 1131 BROAD STREET NORTH Address:	Name: Address:	LESE, JAMES 1109 BROAD S	ST N		Name: Address:	() Change () Addition		
	Name: Address:	HERRERA, IDA 1131 BROAD S	ÁLIA STREET	NORTH	Name: Address:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: TERRY PANEGA P 04/19/2009