2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 12, 2008
Secretary of State

DOCUMENT# 735975

Entity Name: SABAL POINT HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

882 JACKSON AVE.
WINTER PARK, FL 32789 US

New Principal Place of Business:

Current Mailing Address:

882 JACKSON AVE.
WINTER PARK, FL 32789 US

New Mailing Address:

FEI Number: 59-2044291 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRACKIN, ANDREA
882 JACKSON AVE.
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

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 — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GIBSON, TIM
Address: 300 RED MULBERRY CT.
City-St-Zip: LONGWOOD, FL 32779

Title: T/D ( ) Delete
Name: PETTERS, DAVID
Address: 357 W. HORNBEAM DR.
City-St-Zip: LONGWOOD, FL 32779

Title: VP/D ( ) Delete
Name: COOPER, ROBERT
Address: 306 BLACK GUM TRL
City-St-Zip: LONGWOOD, FL 32779

Title: S/D ( ) Delete
Name: MCCUTCHEON, ARLENE
Address: 209 E. HORNBEAM DR.
City-St-Zip: LONGWOOD, FL 32779

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T/D (X) Change ( ) Addition
Name: THOMSON, ROGER
Address: 550 POP ASH
City-St-Zip: LONGWOOD, FL 32779

Title: D (X) Change ( ) Addition
Name: TEXEIRA, BILL
Address: 220 E. HORNBEAM DRIVE
City-St-Zip: LONGWOOD, FL 32779

Title: S/D (X) Change ( ) Addition
Name: MINSHALL, WILLIAM
Address: 450 POP ASH
City-St-Zip: LONGWOOD, FL 32779

Title: D ( ) Change (X) Addition
Name: MOON, DAVID
Address: 425 SWEET BAY DRIVE
City-St-Zip: LONGWOOD, FL 32779

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: TIM GIBSON PD 08/12/2008

Electronic Signature of Signing Officer or Director — Date