

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90006 002 \*\*\*\*61.25

**DOCUMENT # 742216**

1. Entity Name

SABAL PINE SOUTH ASSOCIATION, INC.



Principal Place of Business

2840 SW 22ND AVE  
DELRAY BEACH FL 33445  
US

Mailing Address

2840 SW 22ND AVE  
DELRAY BEACH FL 33445  
US

**54019199**



MOORE

CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1932728

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAND, JILL M  
2820 SW 22ND AVE  
#209  
DELRAY BEACH FL 33445

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DT <input checked="" type="checkbox"/>	<input type="checkbox"/> Delete
NAME	MALLE, EILEEN	
STREET ADDRESS	2940 SW 22ND AVE #715	
CITY-ST-ZIP	DELRAY BCH FL 33445	
TITLE	P <input type="checkbox"/>	<input type="checkbox"/> Delete
NAME	HAND, JILL M	
STREET ADDRESS	2820 SW 22ND AVE #209	
CITY-ST-ZIP	DELRAY BCH FL 33445	
TITLE	D <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Delete
NAME	DAUST, WOODIE	
STREET ADDRESS	2840 SW 22ND AVE #315	
CITY-ST-ZIP	DELRAY BCH FL 33445	
TITLE	V <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Delete
NAME	GENTILE, DEANNA	
STREET ADDRESS	2940 SW 22ND AVE #718	
CITY-ST-ZIP	DELRAY BCH FL 33445	
TITLE	D <input type="checkbox"/>	<input type="checkbox"/> Delete
NAME	MCRAE, FLORENCE	
STREET ADDRESS	2860 SW 22ND AVE #418	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	D <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Delete
NAME	WHITEHEAD, JOHN	
STREET ADDRESS	2900 SW 22ND AVE #501	
CITY-ST-ZIP	DELRAY BCH FL 33445	

TITLE	D <input type="checkbox"/>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Anna MARIE kendig	
STREET ADDRESS	2840 SW 22nd Ave #306	
CITY-ST-ZIP	Delray Bch, FL 33445	
TITLE	D <input type="checkbox"/>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gee Gee Glosheim	
STREET ADDRESS	2860 SW 22nd Ave #415	
CITY-ST-ZIP	Delray Bch, FL 33445	
TITLE	D <input type="checkbox"/>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Begina Meadows	
STREET ADDRESS	2900 SW 22nd Ave #515	
CITY-ST-ZIP	Delray Bch, FL 33445	
TITLE	D <input type="checkbox"/>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jaiwen Liu	
STREET ADDRESS	2920 SW 22nd Ave #601	
CITY-ST-ZIP	Delray Bch, FL 33445	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Mar. 15/04

561 265 1076