

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90299 012 \*\*\*\*61.25

**60026215**



03132006 Chg-NP CR2E037 (11/05)

<b>DOCUMENT # 742216</b> 1. Entity Name <b>SABAL PINE SOUTH ASSOCIATION, INC.</b>					
Principal Place of Business <b>2840 SW 22ND AVE</b> <b>DELRAY BEACH, FL 33445 US</b>			Mailing Address <b>2840 SW 22ND AVE</b> <b>DELRAY BEACH, FL 33445 US</b>		
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 <b>59-1932728</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>HAND, JILL M</b> <b>2820 SW 22ND AVE</b> <b>#209</b> <b>DELRAY BEACH, FL 33445</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code         </div>		
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;">           SIGNATURE   <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> <b>President</b> </div> <div style="width: 20%; text-align: right;"> <b>3/13/06</b>  <small>DATE</small> </div> </div>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
P	<b>MALLE, EILEEN</b> <b>2940 SW 22ND AVE #715</b> <b>DELRAY BCH, FL 33445</b> <i>Treasurer</i> <i>Director</i>		D	<b>Jeson Robinson</b> <b>2960 SW 22nd Ave #804</b> <b>Delray Bch, FL 33445</b>	
P	<b>HAND, JILL M</b> <b>2820 SW 22ND AVE #209</b> <b>DELRAY BCH, FL 33445</b>				
D	<b>KENIG, ANNA M</b> <b>2840 SW 22ND AVE #306</b> <b>DELRAY BEACH, FL 33445</b>				
D	<b>GROSHEIM, GEE GEE</b> <b>2860 SW 22ND AVE # 415</b> <b>DELRAY BEACH, FL 33445</b>				
D	<b>MCSFF, AMADO</b> <b>2940 SW 22ND AVE #711</b> <b>DELRAY BEACH, FL 33445</b>		D + Vice Pres.	<b>Nassiff, Amado</b> <b>2940 SW 22nd Ave #711</b> <b>Delray Bch, FL 33445</b>	
D	<b>MEADOWS, REGINA</b> <b>2900 SW 22ND AVE # 515</b> <b>DELRAY BEACH, FL 33445</b>				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

**3/13/06**  
Date

**561-265-1076**  
Daytime Phone #