

**2003 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED

**Apr 17, 2008 8:00 am
Secretary of State**

03-27-2008 90038 040 ****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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent HAND, JILL M 2820 SW 22ND AVE #209 DELRAY BEACH FL 33445				7. Name and Address of New Registered Agent 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 the filer (NOTE: Registered Agent signature required when requesting) DATE _____					
FILE NOW: FEE IS \$61.25 Due By: May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	T MALLE, EILEEN 2940 SW 22ND AVE #715 DELRAY BCH FL 33445	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Jason Robinson 2960 SW 22nd Ave #804 Delray Bch, FL 33445	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAND, JILL M 2820 SW 22ND AVE #209 DELRAY BCH FL 33445	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	David Driscoll 2860 SW 22nd Ave #405 Delray Bch, FL 33445	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KENDIG, ANNA M 2840 SW 22ND AVE #306 DELRAY BEACH FL 33445	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Eileen Chetta 2800 SW 22nd Ave #108 Delray Bch, FL 33445	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GROSHEIM, GEE GEE 2860 SW 22ND AVE # 415 DELRAY BEACH FL 33445	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Brenda Baldwin 2160 SW 22nd Ave # 818 Delray Bch, FL 33445	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLUDING, TONY 2820 SW 22ND AVE 215 DELRAY BEACH FL 33445	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Cindy Fogarty 2940 SW 22nd Ave #704 Delray Bch, FL 33445	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, JOHN 2960 SW 22ND AVE # 810 DELRAY BEACH FL 33445	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: _____ <i>President</i> 4/14/08					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					