

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742216

FILED
Mar 19, 2009
Secretary of State

Entity Name: SABAL PINE SOUTH ASSOCIATION, INC.

Current Principal Place of Business:

2840 SW 22ND AVE
DELRAY BEACH, FL 33445 US

New Principal Place of Business:

Current Mailing Address:

2840 SW 22ND AVE
DELRAY BEACH, FL 33445 US

New Mailing Address:

FEI Number: 59-1932728

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAND, JILL M
2820 SW 22ND AVE
#209
DELRAY BEACH, FL 33445 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: VP () Delete
Name: ROBINSON, JASON
Address: 2860 22ND AVE. #804
City-St-Zip: DELRAY BEACH, FL 33445

Title: P () Delete
Name: HAND, JILL M
Address: 2820 SW 22ND AVE #209
City-St-Zip: DELRAY BCH, FL 33445

Title: VP () Delete
Name: KENDIG, ANNA M
Address: 2840 SW 22ND AVE #306
City-St-Zip: DELRAY BEACH, FL 33445

Title: D () Delete
Name: GROSHEIM, GEE GEE
Address: 2860 SW 22ND AVE # 415
City-St-Zip: DELRAY BEACH, FL 33445

Title: D () Delete
Name: FOGARTY, CINDY
Address: 2940 SW 22ND AVE. #704
City-St-Zip: DELRAY BEACH, FL 33445

Title: D () Delete
Name: BALDWIN, REENDA
Address: 2960 SW 22ND AVE. #818
City-St-Zip: DELRAY BEACH, FL 33445

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ROBINSON, JASON
Address: 2860 22ND AVE. #804
City-St-Zip: DELRAY BEACH, FL 33445

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

Title: D (X) Change () Addition
Name: KENDIG, ANNA M
Address: 2840 SW 22ND AVE #306
City-St-Zip: DELRAY BEACH, FL 33445

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

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

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

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: JILL HAND

P

03/19/2009

Electronic Signature of Signing Officer or Director

Date