

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760837

FILED
Apr 09, 2010
Secretary of State

Entity Name: SABAL POINT PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

409 WOODVIEW DRIVE
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 915365
LONGWOOD, FL 327915365 US

New Mailing Address:

FEI Number: 59-2284944

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRAMER LAW FIRM, P.A.
999 DOUGLAS AVE STE 3333
ALTAMONTE SPRINGS, FL 32714 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: P/D
Name: COHEN, EDWARD
Address: 420 VILLAGE VIEW LANE
City-St-Zip: LONGWOOD, FL 32779

Title: TD
Name: HAYNE, BOB
Address: 421 VILLAGE VIEW LANE
City-St-Zip: LONGWOOD, FL 32779

Title: SD
Name: WRIGHT, EVE
Address: 440 WILLOWBROOK LANE
City-St-Zip: LONGWOOD, FL 32779

Title: D
Name: SMITH, RICHARD
Address: 528 WHISPERWOOD DRIVE
City-St-Zip: LONGWOOD, FL 32779

Title: D
Name: LOUNSBERRY, MICHAEL
Address: 436 VILLAGE VIEW LANE
City-St-Zip: LONGWOOD, FL 32779

I hereby 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 all other like empowered.

SIGNATURE: /EDWARD COHEN/

P/D

04/09/2010

Electronic Signature of Signing Officer or Director

Date