
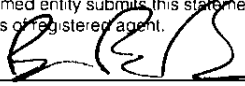
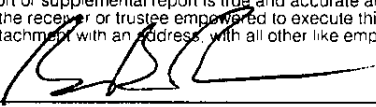


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 762768</b>		
1. Entity Name <b>SABAL SQUARE CONDOMINIUM ASSOCIATION, INC.</b>		
Principal Place of Business 175 SABAL PALM DR LONGWOOD, FL 32779		Mailing Address 175 SABAL PALM DR LONGWOOD, FL 32779
<b>DO NOT WRITE IN THIS SPACE</b>		
		04152008 No Chg-NP CR2E037 (4/06)
4. FEI Number <b>59-3738765</b>		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent		
BONYADI, BYRON B 175 SABAL PALM DRIVE LONGWOOD, FL 32779		<b>DO NOT WRITE IN THIS SPACE</b>
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  <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>Filing Fee Is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		U000000907812 05/06/08 09003 005 61:25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWER, LISA 233 HUNT CLUB BLVD. LONGWOOD, FL 32779	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MILLER, LINDA 181 SABAL PALM DR LONGWOOD, FL 32779	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BONYADI, BYRON B 175 SABAL PALM DR LONGWOOD, FL 32779	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
<small>Date Daytime Phone #</small>		