

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90263 040 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F04000004879

1. Entity Name
SABAL PARK SW HOTEL, INC.



Principal Place of Business
**10985 CODY, SUITE 220
OVERLAND PARK, KS 66210 - 1224**

Mailing Address
**10985 CODY, SUITE 220
OVERLAND PARK, KS 66210 - 1224**

DO NOT WRITE IN THIS SPACE

01122006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0307050

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
CULBERTSON, DONALD E
10985 CODY, SUITE 220
OVERLAND PARK, KS 66210 - 1224**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
SMITH, LINDA L
10985 CODY, SUITE 220
OVERLAND PARK, KS 66210 - 1224**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 607, 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3/21/06** Daytime Phone # **913-345-2111**