

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H99449

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Entity Name:** SABAL PALMS DEVELOPMENT CORPORATION

**Current Principal Place of Business:**

5122 SE LISBON CIRCLE  
STUART, FL 349976703

**New Principal Place of Business:**

**Current Mailing Address:**

5122 SE LISBON CIRCLE  
STUART, FL 34997

**New Mailing Address:**

**FEI Number:** 59-2647147

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORREIA, EDUARDO  
5122 SE LISBON CIRCLE  
STUART, FL 34997 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: DP  
Name: KOLLMER, WILLIAM  
Address: 5122 SE LISBON CIRCLE  
City-St-Zip: STUART, FL 34997

Title: DST  
Name: CORREIA, EDUARDO  
Address: 5122 S.E. LISBON CIRCLE  
City-St-Zip: STUART, FL 34997

Title: DP  
Name: KOLLMER, WILLIAM  
Address: 5122 S.E. LISBON CIRCLE  
City-St-Zip: STUART, FL 34997

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM KOLLMER

DP

02/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date