2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2007 8:00 am Secretary of State

DOCUMENT # K61556 1. Entity Name SABAL BAY PROPERTIES, INC.				04-23-2007 90097 014 ***150.00					
Principal Place of Business 3003 TAMIAMI TRAIL NORTH SUITE 400 NAPLES, FL 34103 US		Mailing Address 3003 TAMIAMI TRAIL NORTH SUITE 400 NAPLES, FL 34103 US							
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01152007	Chg-P	CR2E034 (12	/06)		
City & State		City & State		4. FEI Number	PLICABLE			ed For pplicable	
Zip	Country	Zip	Country	5. Certificate of	f Status Desired		5 Addition	nal	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
TAFT, ELEANOR W			Name	Name					
3003 TAMIAMI TRAIL NORTH SUITE 400			Street Address	Street Address (P.O. Box Number is Not Acceptable)					
NAPLES, FL 34103									
			City			FL Zip	Code		
8. The above the obligat	named entity submits this statement for tions of registered agent.	the purpose of changing its re-	gistered office or registr	ered agent, or both	, in the State of F	lorida. I am familia	with, and	d accept	
SIGNATURE.									
	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Re	egistered Agent algnature require	ect when reinstating)		DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0	Election Campaign Trust Fund Contribution		5.00 May Be ided to Fees					
10.	OFFICERS AND I	DIRECTORS	11.	ADDITIONS (HANGES TO DE	FICERS AND DIREC	TODE II	111	
TITLE	D	☐ Delete	TITLE	ABBITIONO	A INTOCES TO OFF	Cr		Addition	
NAME	FLOOD, THOMAS J		NAME						
STREET ADDRESS	3003 TAMIAMI TRL NSTE 400		STREET ADDRESS						
	NAPLES, FL 34103 D		CITY-ST-ZIP	***	-				
TITLE NAME	UTTER, PATRICK L	☐ Delete	TITLE NAME			☐ CI	ange [Addition	
STREET ADDRESS	3003 TAMIAMI TRL NSTE 400		STREET ADDRESS						
CITY-ST-ZIP	NAPLES, FL 34103		CITY-ST-ZIP						
TITLE	D SORUM BORERS	☐ Delete	TITLE			□ cr	ange [Addition	
NAME STREET ADDRESS	CORINA, ROBERT D 3003 TAMIAMI TRL NSTE 400		NAME Street address						
CITY-ST-ZIP			STREET ADDRESS						
TITLE	NAPLES, FL 34103		CITY-ST-ZIP						
NAME	NAPLES, FL 34103	☐ Delete	CITY-ST-ZIP TITLE		, <u>-</u>	Cr	ange [Addition	
	NAPLES, FL 34103	☐ Delete	TITLE NAME		, 	□ Cr	ange [Addition	
STREET ADDRESS	NAPLES, FL 34103	☐ Delete	TITLE NAME STREET ADDRESS		. <u> </u>	Cr	ange [Addition	
CITY-ST-ZIP	NAPLES, FL 34103		TITLE NAME STREET ADDRESS CITY-ST-ZIP		, =0				
l	NAPLES, FL 34103	☐ Delete	TITLE NAME STREET ADDRESS			cr		Addition Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAPLES, FL 34103		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	,				_ , _ , _ ,	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAPLES, FL 34103	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			□ CI	ange (_ , _ , _ ,	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	NAPLES, FL 34103		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				ange (_ , _ , _ ,	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAPLES, FL 34103	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ CI	ange (Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	NAPLES, FL 34103	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			□ CI	ange (Addition	

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 apraddress, with all other like empowered.

SIGNATURE:

Robert D
SGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert D. Corina

2/1/0

(239) 261-445

Daytime Phone #