2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# N01000001868

Entity Name: SABALWOOD AT RIVER RIDGE ASSOCIATION , INC.

Current Principal Place of Business:

10730 US 19
STE 17
PORT RICHEY, FL 34668

New Principal Place of Business:

Current Mailing Address:

10730 US 19
STE 17
PORT RICHEY, FL 34668

New Mailing Address:

FEI Number: 59-3723752 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

QUALIFIED PROPERTY MANAGEMENT, INC.
10730 US 19
STE 17
PORT RICHEY, FL 34668 US

Name and Address of New Registered Agent:

TAMPA BAY PROPERTY MANAGEMENT
8249 KRISTEL CIR
PORT RICHEY, FL 34668 US

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: JAMIE K. MICK 05/01/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: TOLER, WILLIAM
Address: 10730 US 19 STE 17
City-St-Zip: PORT RICHEY, FL 34668

Title: VD ( ) Delete
Name: COFFIN, DAVE
Address: 10730 US 19 STE 17
City-St-Zip: PORT RICHEY, FL 34668

Title: TD ( ) Delete
Name: MILLER, SHEILA
Address: 10730 US 19 STE 17
City-St-Zip: PORT RICHEY, FL 34668

Title: D (X) Delete
Name: DODD, JERRI
Address: 10730 US 19 STE 17
City-St-Zip: PORT RICHEY, FL 34668

Title: PD (X) Delete
Name: TORTARELLI, BRIAN
Address: 10730 US 19 STE 17
City-St-Zip: PORT RICHEY, FL 34668

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: TORTARELLI, BRIAN
Address: 11610 LEDA LANE
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: VP (X) Change ( ) Addition
Name: SVITAK, GARY
Address: 7822 FLORADOR DR
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: TREA (X) Change ( ) Addition
Name: DODD, DENNIS
Address: 7952 FLORADORA DR
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JAMIE K. MICK MGR 05/01/2007
Electronic Signature of Signing Officer or Director Date