

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90306 040 \*\*\*\*61.25

**DOCUMENT # N02000000124**

1. Entity Name  
**SABAL POINT HOMEOWNERS ASSOCIATION OF  
BREVARD COUNTY, INC.**



Principal Place of Business  
1269 US 1  
ROCKLEDGE, FL 32955

Mailing Address  
1269 US 1  
ROCKLEDGE, FL 32955

**50042561**



2. Principal Place of Business

**6767 N. Wickham Rd**

3. Mailing Address

**P O Box 410759**

Suite, Apt. #, etc.

**Suite 213**

Suite, Apt. #, etc.

04132005

Chg-NP

CR2E037 (10/03)

City & State

**Melbourne FL**

City & State

**Melbourne FL**

4. FEI Number

**01-0562402**

Applied For

Not Applicable

Zip

**32940**

Country

**USA**

Zip

**32941**

Country

**USA**

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**RAHAL, NICK N  
1259 US 1  
ROCKLEDGE, FL 32955**

7. Name and Address of New Registered Agent

Name **Advance Property Mgmt**

Street Address (P.O. Box Number is Not Acceptable)  
**6767 N. Wickham Road**

**Suite 213**

City

**Melbourne**

FL

Zip Code

**32940**

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

**Vickie H Martin**

**VICKIE H MARTIN**

**4-12-05**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete  
NAME **RAHAL, NICHOLAS N**  
STREET ADDRESS **1269 US 1**  
CITY-ST-ZIP **ROCKLEDGE, FL 32955**

TITLE **VD** ☒ Delete  
NAME **AMOS, MARK**  
STREET ADDRESS **1269 US 1**  
CITY-ST-ZIP **ROCKLEDGE, FL 32955**

TITLE **STD** ☒ Delete  
NAME **RAHAL, MELISSA M**  
STREET ADDRESS **1269 US 1**  
CITY-ST-ZIP **ROCKLEDGE, FL 32955**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SMTD** ☐ Change ☒ Addition  
NAME **Justin Petrone**  
STREET ADDRESS **946 Riviera Pointe Drive**  
CITY-ST-ZIP **Rockledge, FL 32955**

TITLE **PD** ☐ Change ☒ Addition  
NAME **James Kammerer**  
STREET ADDRESS **978 RIVIERA Point Drive**  
CITY-ST-ZIP **Rockledge, FL 32955**

TITLE **VPD** ☐ Change ☒ Addition  
NAME **JASON mathis**  
STREET ADDRESS **949 RIVIERA Point Drive**  
CITY-ST-ZIP **Rockledge, FL 32955**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

**James A. Kammerer**

**4/17/05**

**321-637-4689**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #