

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90027 010 \*\*\*\*61.25

**DOCUMENT # N02000000124**

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



Principal Place of Business  
**6767 N WICKHAM RD  
SUITE 213  
MELBOURNE, FL 32940**

Mailing Address  
**P.O. BOX 410759  
MELBOURNE, FL 32941**

**60018612**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

02122006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**01-0562402**

Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ADVANCE PROPERTY MANAGEMENT  
6767 N WICKHAM RD  
SUITE 213  
MELBOURNE, FL 32940**

Name **MATHEW J. KEHAYIAS**  
Street Address (P.O. Box Number is Not Acceptable)  
**985 RIVIERA POINT DRIVE**  
City **ROCKLEDGE** FL Zip Code **32955**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/15/06**

**Filing Fee is \$61.25  
Due by May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete  
NAME **STD**  
STREET ADDRESS **PETRONI, JUSTIN**  
CITY-ST-ZIP **946 RIVIERA POINT DR  
ROCKLEDGE, FL 32955**

TITLE ☐ Change ☒ Addition  
NAME **PD**  
STREET ADDRESS **MATHEW J. KEHAYIAS**  
CITY-ST-ZIP **985 RIVIERA POINT DRIVE  
Rockledge FL 32955**

TITLE ☒ Delete  
NAME **PD**  
STREET ADDRESS **KAMMERER, JAMES**  
CITY-ST-ZIP **978 RIVIERA POINT DR  
ROCKLEDGE, FL 32955**

TITLE ☐ Change ☒ Addition  
NAME **VD**  
STREET ADDRESS **JAMES KAMMERER**  
CITY-ST-ZIP **978 RIVIERA POINT DRIVE  
ROCKLEDGE, FL 32955**

TITLE ☒ Delete  
NAME **VD**  
STREET ADDRESS **MATHIS, JASON**  
CITY-ST-ZIP **949 RIVIERA POINT DR  
ROCKLEDGE, FL 32955**

TITLE ☐ Change ☒ Addition  
NAME **SD**  
STREET ADDRESS **ELMER BURNS**  
CITY-ST-ZIP **982 RIVIERA POINT DRIVE  
ROCKLEDGE FL 32955**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **TD**  
STREET ADDRESS **THOMAS ABRUZZO**  
CITY-ST-ZIP **989 RIVIERA POINT DRIVE  
ROCKLEDGE FL 32955**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **D**  
STREET ADDRESS **JASON MATHIS**  
CITY-ST-ZIP **949 RIVIERA POINT DRIVE  
ROCKLEDGE FL 32955**

TITLE ☐ Delete  
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 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/15/06 (321)302-3117**  
Date Daytime Phone #