

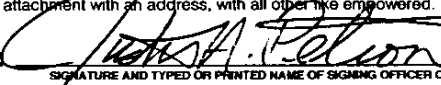


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90851 026 ****61.25

DOCUMENT # N02000000124					
1. Entity Name SABAL POINT HOMEOWNERS ASSOCIATION OF BREVARD COUNTY, INC.					
Principal Place of Business 985 RIVIERA POINT DRIVE ROCKLEDGE, FL 32955			Mailing Address P.O. BOX 561602 ROCKLEDGE, FL 32655		
2. Principal Place of Business - No P.O. Box # 946 RIVIERA POINT DR.		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State ROCKLEDGE, FL		City & State		4. FEI Number 01-0562402	
Zip 32955		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KEHAYIAS, MATTHEW J 985 RIVIERA POINT DRIVE ROCKLEDGE, FL 32955				7. Name and Address of New Registered Agent Name: JUSTINA PETRONE Street Address (P.O. Box Number is Not Acceptable): 946 RIVIERA POINT DR. 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:  (JUSTIN A. PETRONE, TD) 4/25/07 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 PD NAME KEHAYIAS, MATTHEW J STREET ADDRESS 985 RIVIERA POINT DR CITY-ST-ZIP ROCKLEDGE, FL 32955	<input checked="" type="checkbox"/> Delete		TITLE PD NAME MICHAEL PETRIZZO STREET ADDRESS 977 RIVIERA POINT DR. CITY-ST-ZIP ROCKLEDGE, FL 32955	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VD NAME KAMMERER, JAMES STREET ADDRESS 978 RIVIERA POINT DR CITY-ST-ZIP ROCKLEDGE, FL 32955	<input checked="" type="checkbox"/> Delete		TITLE VD NAME STEVEN WELGOSS STREET ADDRESS 974 RIVIERA POINT DR. CITY-ST-ZIP ROCKLEDGE, FL 32955	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE SD NAME BURNS, ELMER STREET ADDRESS 982 RIVIERA POINT DR CITY-ST-ZIP ROCKLEDGE, FL 32955	<input checked="" type="checkbox"/> Delete		TITLE SD NAME HOLLY WOEMMEL STREET ADDRESS 957 RIVIERA POINT DR. CITY-ST-ZIP ROCKLEDGE, FL 32955	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE TD NAME ABRUZZO, THOMAS STREET ADDRESS 989 RIVIERA POINT DR CITY-ST-ZIP ROCKLEDGE, FL 32955	<input checked="" type="checkbox"/> Delete		TITLE TD NAME JUSTIN PETRONE STREET ADDRESS 946 RIVIERA POINT DR. CITY-ST-ZIP ROCKLEDGE, FL 32955	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME MATHIS, JASON STREET ADDRESS 949 RIVIERA POINT DR CITY-ST-ZIP ROCKLEDGE, FL 32955	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:  (JUSTIN A. PETRONE) 4/25/07 321.223.1838 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					