2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2009
Secretary of State

DOCUMENT# N02000000124

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

Current Principal Place of Business:

977 RIVIERA POINT DR
ROCKLEDGE, FL 32955

New Principal Place of Business:

946 RIVIERA POINT DR
ROCKLEDGE, FL 32955

Current Mailing Address:

P.O. BOX 561602
ROCKLEDGE, FL 32655

New Mailing Address:

FEI Number: 01-0562402 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PETRIZZO, MICHAEL J
977 RIVIERA POINT DR
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

PETRONE, JUSTIN A
946 RIVIERA POINT DR
ROCKLEDGE, FL 32955 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: JUSTIN A. PETRONE 03/01/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PETRIZZO, MICHAEL
Address: 977 RIVIERA POINT DR
City-St-Zip: ROCKLEDGE, FL 32955

Title: D ( ) Delete
Name: ABRUZZIO, THOMAS
Address: 974 RIVIERA POINT DR
City-St-Zip: ROCKLEDGE, FL 32955

Title: SD ( ) Delete
Name: WOEMMEL, HOLLY
Address: 957 RIVIERA POINT DR
City-St-Zip: ROCKLEDGE, FL 32955

Title: TD ( ) Delete
Name: PERTONE, JUSTIN
Address: 946 RIVIERA POINT DR
City-St-Zip: ROCKLEDGE, FL 32955

Title: VD ( ) Delete
Name: MATHIS, JASON
Address: 949 RIVIERA POINT DR
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: JUSTIN A. PETRONE TD 03/01/2009
Electronic Signature of Signing Officer or Director Date