

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007593

FILED
Mar 06, 2009
Secretary of State

Entity Name: SABAL AT WYNDTREE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434, STE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

Current Mailing Address:

2180 WEST SR 434, STE 5000
LONGWOOD, FL 327795044

New Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

FEI Number: 20-0843023

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ULM, JEFFREY
C/O GOLDSTAR MANAGEMENT CO, INC.
2435 US 19 #270
HOLIDAY, FL 34691 US

Name and Address of New Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 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: JAMES W HART JR

03/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP (X) Delete
Name: WILDER, JAMES
Address: 7301 GABERIA RD
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: PT () Delete
Name: KUNA, DEAN
Address: 7419 PURSLANE DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: S () Delete
Name: LESSARIS, JOANN
Address: 7401 ROEBELLINI AVE
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PTD (X) Change () Addition
Name: KUNA, DEAN
Address: 7419 PURSLANE DR
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: SD (X) Change () Addition
Name: LESSARIS, JOANNE
Address: 7401 ROEBELLINI AVE
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: VPD () Change (X) Addition
Name: RYAN, JIM
Address: 7406 WHISKFERN RD
City-St-Zip: NEW PORT RICHEY, FL 34655

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: DEAN KUNA

PD

03/06/2009

Electronic Signature of Signing Officer or Director

Date