2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008 08:00 AM
Secretary of State

DOCUMENT # N04000004824

1. Entity Name
SABAL LAKE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
240 N WASHINGTON BLVD SUITE 304 SARASOTA, FL 34236	240 N WASHINGTON BLVD SUITE 304 SARASOTA, FL 34236

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01042008 No Chg-NP CR2E037 (4/06)

4. FEI Number
20-2409131
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KOMPOTHECRAS, GEORGE
6526 PEACOCK UNIT 2
SARASOTA, FL 34242

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000777373
01/10/08-80005-005 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KOMPOTHECRAS, GEORGE
STREET ADDRESS	240 N WASHINGTON BLVD, STE 304
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	D
NAME	KOMPOTHECRAS, JAMES
STREET ADDRESS	240 N. WASHINGTON BLVD, STE 304
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	D
NAME	LEVIN, JEROME S ESQ
STREET ADDRESS	1680 FRUITVILLE RD - STE 102
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: George Kompothecras 1/6/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #