

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

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

04-30-2007 90840 012 \*\*\*\*61.25

DOCUMENT # N04000008587  
 1. Entity Name  
 SABAL BAY ASSOCIATION, INC.



Principal Place of Business Mailing Address  
 2870 SCHERER DR. N. SUITE 100 SAINT PETERSBURG FL 33716  
 2870 SCHERER DR. N. SUITE 100 SAINT PETERSBURG FL 33716



2. Principal Place of Business - No P.O. Box #  
 STERLING MGMT  
 Suite, Apt. #, etc. SUITE 100  
 City & State ST. PETERSBURG FL

3. Mailing Address  
 2870 SCHERER DR. N  
 Suite, Apt. #, etc. SUITE 100  
 City & State ST. PETERSBURG FL

1st MOORE CR2E037 (10/06)

4. FEI Number 20-2689496  
 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
 COTTERILL, RONALD E  
 1010 N. FLA AVE  
 TAMPA FL 33602

7. Name and Address of New Registered Agent  
 Name RICHARD ULRICH  
 Street Address (P.O. Box Number is Not Acceptable)  
 2940 S. TAMiami TRAIL  
 City SARASOTA FL Zip Code 34239

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]* DATE 4-25-07  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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	
TITLE: P	<input type="checkbox"/> Delete
NAME: FUQUA, CINDY	
STREET ADDRESS: 7244 83RD DR. E.	
CITY-ST-ZIP: BRADENTON FL 34201	
TITLE: VP	<input type="checkbox"/> Delete
NAME: BLOWER, KATHERINE	
STREET ADDRESS: 7204 83RD DR. E.	
CITY-ST-ZIP: BRADENTON FL 34201	
TITLE: S	<input type="checkbox"/> Delete
NAME: WOFFORD, CHERYL	
STREET ADDRESS: 8213 72ND AVE. E.	
CITY-ST-ZIP: BRADENTON FL 34201	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: RICHARD MAUS	
STREET ADDRESS: 7219 83 <sup>RD</sup> AVE. E	
CITY-ST-ZIP: BRADENTON, FL 34201	
TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: MICHAEL REILLY	
STREET ADDRESS: 8363 72 <sup>ND</sup> ST. E	
CITY-ST-ZIP: BRADENTON, FL 34201	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> 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 Section 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: *Cindy Fuqua* CINDY FUQUA Date: 4/25/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #