

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90002 048 \*\*\*\*61.25

**DOCUMENT # N04000010687**

1. Entity Name

**SABAL POINTE TOWNHOMES PROPERTY OWNERS  
ASSOCIATION, INC.**



Principal Place of Business

**2637 MCCORMICK DR  
CLEARWATER FL 33759**

Mailing Address

**2637 MCCORMICK DR  
CLEARWATER FL 33759**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

**59-3788858**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**FRISCIA, FRANCIS E  
500 N WESTSHORE BLVD, SUITE 830  
TAMPA FL 33609**

7. Name and Address of New Registered Agent

Name

**G. E. FLOWERS**

Street Address (P.O. Box Number is Not Acceptable)

**2637 MCCORMICK DR**

City

**CLEARWATER**

FL

Zip Code

**33759**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW - FEE IS \$61.25  
Due By May 1, 2006**

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 PD ☐ Delete  
NAME FLOWERS, GE  
STREET ADDRESS 2637 MCCORMICK DR  
CITY-ST-ZIP CLEARWATER FL 33759

TITLE VD ☐ Delete  
NAME MILLER, LARRY  
STREET ADDRESS 2637 MCCORMICK DR  
CITY-ST-ZIP CLEARWATER FL 33759

TITLE STD ☐ Delete  
NAME JACZKO, THERESA  
STREET ADDRESS 2637 MCCORMICK DR  
CITY-ST-ZIP CLEARWATER FL 33759

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

**G. E. Flowers**

**1-25-06**