

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007949

FILED
Feb 14, 2009
Secretary of State

Entity Name: SABAL VILLA CONDO ASSOCIATION, INC.

Current Principal Place of Business:

425 HANCOCK BRIDGE
UNIT 1
CAPE CORAL, FL 33990 US

New Principal Place of Business:

Current Mailing Address:

425 HANCOCK BRIDGE
UNIT 1
CAPE CORAL, FL 33990 US

New Mailing Address:

FEI Number: 20-3191322 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAUER, SYLVIA L
425 HANCOCK BRIDGE
UNIT 1
CAPE CORAL, FL 33990 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BAUER, SYLVIA L
Address: 425 HANCOCK BRIDGE UNIT 1
City-St-Zip: CAPE CORAL, FL 33990 US

Title: VP (X) Delete
Name: PODCHAIKI, RACHAEL
Address: 427 HANCOCK BRIDGE UNIT 4
City-St-Zip: CAPE CORAL, FL 33990

Title: VP () Delete
Name: WALSH, JOHN
Address: 427 HANCOCK BRIDGE UNIT 4
City-St-Zip: CAPE CORAL, FL 33990 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: BAUER, SYLVIA L
Address: 425 HANCOCK BRIDGE UNIT 1
City-St-Zip: CAPE CORAL, FL 33990 US

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: SYLVIA L. BAUER

PT

02/14/2009

Electronic Signature of Signing Officer or Director

Date