2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010982

FILED Apr 25, 2007 Secretary of State

Entity Name: SABAL POINT AT VERANDAH NEIGHBORHOOD ASSOCAITION INC

Littly Nai	He. SADALF	OINT AT VERANDAH NEIGH	BORTIOOD ASSOCATION, II	vo.	
Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
9240 MARKETPLACE ROAD SUITE 1 FT MYERS, FL 33912				1044 CASTELLO DR., STE 206 NAPLES, FL 34103	
Current Mailing Address:			New Mailing Add	New Mailing Address:	
9240 MARKETPLACE ROAD SUITE 1 FT MYERS, FL 33912				1044 CASTELLO DR., STE 206 NAPLES, FL 34103	
FEI Number:	20-4368665	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Addres	Name and Address of New Registered Agent:	
PEEPLES, C PERRY 5551 RIDGEWOOD DRIVE SUITE 101 NAPLES, FL 34108 US The above named entity submits this statement for the purpose of the State of Florida.			1044 CASTELLO D NAPLES, FL 3410	SOUTHWEST PROPERTY MANAGEMENT 1044 CASTELLO DR., STE 206 NAPLES, FL 34103 US of changing its registered office or registered agent, or both,	
	e or Florida. RE: STEVE V	JII I IAMS		04/25/2007	
OIOIVATOI		nic Signature of Registered Age	ent	Date	
OFFICERS	S AND DIREC	TORS:	ADDITIONS/CHAM	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	ROSE, TIM	Delete PLACE ROAD, SUITE 1 FL 33912	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BURCHETT, W	PLACE ROAD, SUITE 1	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	HAMMOND, CH	PLACE ROAD, SUITE 1	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: TIM ROSE P 04/25/2007