

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009165

FILED
Feb 25, 2009
Secretary of State

Entity Name: SABAL GROVE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O A & N MANAGEMENT
902 CLINT MOORE ROAD #110
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

C/O A & N MANAGEMENT
902 CLINT MOORE ROAD #110
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 65-1290370

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PLATT, RON ESQ
205 NE 5TH TERR
D
DELRAY BEACH, FL 33444 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: PD () Delete
Name: HODGES, MARK S
Address: 1275 GATEWAY BLVD.
City-St-Zip: BOYNTON BCH, FL 33426

Title: TD () Delete
Name: LILLER, STEPHEN B
Address: 1275 GATEWAY BLVD.
City-St-Zip: BOYNTON BCH, FL 33426

Title: SD () Delete
Name: PLATT, RONALD L
Address: 1275 GATEWAY BLVD.
City-St-Zip: BOYNTON BCH, FL 33426

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HODGES, MARK S
Address: 3601 QUANTUM BLVD #100
City-St-Zip: BOYNTON BCH, FL 33426

Title: TD (X) Change () Addition
Name: LILLER, STEPHEN B
Address: 3601 QUANTUM BLVD #100
City-St-Zip: BOYNTON BCH, FL 33426

Title: D (X) Change () Addition
Name: MARLOWE, SHELLY L
Address: 3601 QUANTUM BLVD #100
City-St-Zip: BOYNTON BCH, FL 33426

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: MARK HODGES

PRES

02/25/2009

Electronic Signature of Signing Officer or Director

Date