

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90190 008 ****61.25

DOCUMENT # N15657

1. Entity Name
**SABAL PALMS OF ORLANDO CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**8404 VACATION WAY
ORLANDO, FL 32821 US**

Mailing Address
**6649 WESTWOOD BLVD
STE 500
ORLANDO, FL 32821 US**

60036019



04072008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2765142

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LEE, DONALD
STREET ADDRESS	101 HYANNIS COURT
CITY-ST-ZIP	SMITHVILLE, NJ 08205
TITLE	D
NAME	DuPuis, Sylvio
STREET ADDRESS	451 Goddard Ave
CITY-ST-ZIP	Manchester, NH 03102
TITLE	T
NAME	DIGIOVACCHINO, DAN J
STREET ADDRESS	64 TREATY DR
CITY-ST-ZIP	WAYNE, PA 19087
TITLE	VP
NAME	SCHRIEFER, RUTH M
STREET ADDRESS	871 READING ROAD
CITY-ST-ZIP	VIRGINIA BEACH, VA 23451
TITLE	S
NAME	LANTZ JR, RAYMOND
STREET ADDRESS	352 FAUNCE CORNER ROAD
CITY-ST-ZIP	NORTH DARTMOUTH, MA 02747
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] 4/16/08 407 2066428