

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15657

FILED  
Apr 14, 2009  
Secretary of State

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

**Current Principal Place of Business:**

8404 VACATION WAY  
ORLANDO, FL 32821 US

**New Principal Place of Business:**

**Current Mailing Address:**

6649 WESTWOOD BLVD  
STE 500  
ORLANDO, FL 32821 US

**New Mailing Address:**

**FEI Number:** 59-2765142

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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: LEE, DONALD  
Address: 101 HYANNIS COURT  
City-St-Zip: SMITHVILLE, NJ 08205

Title: D ( ) Delete  
Name: DUPUIS, SYLVIO  
Address: 451 GOODRIDGE AVE  
City-St-Zip: MANCHESTER, NH 03102

Title: T ( ) Delete  
Name: DIGIOVACCHINO, DAN J  
Address: 64 TREATY DR  
City-St-Zip: WAYNE, PA 19087

Title: VP ( ) Delete  
Name: SCHRIEFER, RUTH M  
Address: 871 READING ROAD  
City-St-Zip: VIRGINIA BEACH, VA 23451

Title: S ( ) Delete  
Name: LANTZ JR, RAYMOND  
Address: 352 FAUNCE CORNER ROAD  
City-St-Zip: NORTH DARTMOUTH, MA 02747

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: LANA J CULLUM

SPS

04/14/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date