2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2009
Secretary of State

DOCUMENT# N29996

Entity Name: SABAL LAKE SUBDIVISION HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2335 9TH STRET N
STE #505
NAPLES, FL 34103 US

New Principal Place of Business:

2335 9TH STREET N
STE #505
NAPLES, FL 34103 US

Current Mailing Address:

2335 9TH STRET N
STE #505
NAPLES, FL 34103 US

New Mailing Address:

FEI Number: 65-0296353 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GULFVIEW PROPERTY MANAGEMENT
2335 TAMIAMI TRAIL N
STE #505
NAPLES, FL 34103 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:	D	( ) Delete
Name:	CUSHING, DANIEL	
Address:	100 PALM FROND COURT	
City-St-Zip:	NAPLES, FL 34104	
Title:	D	( ) Delete
Name:	POLIDORE, BERNARD	
Address:	159 LADY PALM DR	
City-St-Zip:	NAPLES, FL 34104	
Title:	STD	( ) Delete
Name:	GOMEZ, EDWARD	
Address:	208 SABAL LAKE DRIVE	
City-St-Zip:	NAPLES, FL 34104	
Title:	PD	( ) Delete
Name:	HANLEY, ROBERT	
Address:	288 SABAL LAKE DRIVE	
City-St-Zip:	NAPLES, FL 34104	
Title:	D	( ) Delete
Name:	NGUYGEN, MY VAN	
Address:	229 SABAL LAKE DR	
City-St-Zip:	NAPLES, FL 34104	
Title:	D	( ) Delete
Name:	MONOKI, ANIKO	
Address:	152 LADY PALM DRIVE	
City-St-Zip:	NAPLES, FL 34104	

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:	
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: ROBER HANLEY PD 03/02/2009

Electronic Signature of Signing Officer or Director — Date