

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29996

FILED  
Mar 31, 2011  
Secretary of State

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

**Current Principal Place of Business:**

1711 WORTHINGTON RD., STE 103  
C/O ALLIED PROPERTY MANAGEMENT GROUP INC  
WEST PALM BEACH, FL 33409 US

**New Principal Place of Business:**

SABAL LAKE DRIVE  
NAPLES, FL 34104 US

**Current Mailing Address:**

1711 WORTHINGTON RD., STE 103  
C/O ALLIED PROPERTY MANAGEMENT GROUP INC  
WEST PALM BEACH, FL 33409 US

**New Mailing Address:**

GULF VIEW PROPERTY MGMT, INC  
2335 9TH ST N #505  
NAPLES, FL 34103 US

**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: PD  
Name: AMODEO, KEVIN  
Address: 100 PALM FROND COURT  
City-St-Zip: NAPLES, FL 34104

Title: D  
Name: POLIDORE, BERNARD  
Address: 159 LADY PALM DR  
City-St-Zip: NAPLES, FL 34104

Title: VP D  
Name: TRANCHAND, ALEX  
Address: 348 PINDO PALM DRIVE  
City-St-Zip: NAPLES, FL 34104

Title: SD  
Name: GLOGOSKI, LOUISE (BETTY)  
Address: 128 LANDY PALM DRIVE  
City-St-Zip: NAPLES, FL 34104

Title: D  
Name: NGUYGEN, MY VAN  
Address: 229 SABAL LAKE DR  
City-St-Zip: NAPLES, FL 34104

Title: D  
Name: PUTAANSUU, GARY  
Address: 107 PALM FROND CT  
City-St-Zip: NAPLES, FL 34104

I hereby 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 all other like empowered.

SIGNATURE: KEVIN AMODEO

P

03/31/2011

Electronic Signature of Signing Officer or Director

Date