2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44181

FILED Jan 20, 2009 Secretary of State

Entity Name: SABAL INDUSTRIAL PARK ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 24646 STATE ROAD 54 STE. 102 LUTZ, FL 33559 **New Mailing Address: Current Mailing Address:** 24646 STATE ROAD 54 STE. 102 LUTZ, FL 33559 US FEI Number: 59-3078646 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CONDOMINIUM ASSOCIATES 24646 ST. RD 54 STE. 102 LUTZ, FL 33559 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete BUNCH, KEVIN WHITTINGTON, SARA Name: Name: ONE INDEPENDENT DRIVE SUITE 114 Address: 24646 STATE ROAD 54, SUITE 102 Address: City-St-Zip: JACKSONVILLE, FL 32202 City-St-Zip: LUTZ, FL 33559 Title: () Delete Title: (X) Change () Addition CORBOTTE, TRACI Name: BUNCH, KEVIN Name: Address: 207 D KEISEY LANE Address: 24646 STATE ROAD 54, SUITE 102 City-St-Zip: TAMPA, FL 33619 City-St-Zip: LUTZ, FL 33559 Title: DST () Delete Title: (X) Change () Addition CORRIVEAU, GILL BURSA, BRIAN Name: Name: 3812 COCONUT PALM DR. Address: Address: 24646 STATE ROAD 54, SUITE 102 City-St-Zip: TAMPA, FL 33619 City-St-Zip: LUTZ. FL 33559 () Change (X) Addition Title: () Delete Title: Name: Name: GEORGIADIS, DEMETRI 24646 STATE ROAD 54, SUITE 102 Address: Address: City-St-Zip: City-St-Zip: LUTZ, FL 33559 Title: () Delete Title: () Change (X) Addition SINACORE, MAGDA Name: Name: 24646 STATE ROAD 54, SUITE 102 Address: Address: City-St-Zip: City-St-Zip: LUTZ, FL 33559

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: KEVIN BUNCH VP 01/20/2009