


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90025 018 ****61.25

DOCUMENT # N50250 1. Entity Name SABAL GROVE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 560651 ROCKLEDGE, FL 32956 US			Mailing Address P.O. BOX 560651 ROCKLEDGE, FL 32956 US		
2. Principal Place of Business - No P.O. Box # 951 Sabal Grove Drive			3. Mailing Address Suite, Apt. #, etc.		
City & State Rockledge, FL.			City & State		
Zip 32955		Country Brevard		Zip	
Country		4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BABCOCK, PHIL 951 SABAL GROVE DR ROCKLEDGE, FL 32955			7. Name and Address of New Registered Agent Name Same as current Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S REESE, DENNIS 999 SABAL GROVE DRIVE ROCKLEDGE, FL 32955	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BABCOCK, PHIL 951 SABAL GROVE DRIVE ROCKLEDGE, FL 32955	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HARDY, ANDREW 1048 JACARANDA CIRCLE ROCKLEDGE, FL 32955	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WALKER, RON 966 KINGFISHER WAY ROCKLEDGE, FL 32955	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CUCCHIELLA, JOE 961 SABAL GROVE DR ROCKLEDGE, FL 32955	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP WILLIAM, ARNOLD 964 KINGFISHER WAY ROCKLEDGE, FL 32955	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Hardy, Andrew 1048 Jacaranda Circle Rockledge, FL 32955				
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 reports 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: <u>Phil Babcock</u> 2/9/08 321-435-7177 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT

Block 11 Continued:

Please add:

P

Jennifer L'Esperance
995 Sabal Grove Drive
Rockledge, FL. 32955

D

Rich Taylor
1034 Jacaranda Circle
Rockledge, FL. 32955

D

Alan Kraft
954 Tamarind Circle
Rockledge, FL. 32955

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