

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50250

FILED
Jan 18, 2009
Secretary of State

Entity Name: SABAL GROVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

951 SABAL GROVE DRIVE
ROCKLEDGE, FL 32955 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 560651
ROCKLEDGE, FL 32956 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BABCOCK, PHIL
951 SABAL GROVE DR
ROCKLEDGE, FL 32955 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: S () Delete
Name: REESE, DENNIS
Address: 999 SABAL GROVE DRIVE
City-St-Zip: ROCKLEDGE, FL 32955

Title: T () Delete
Name: BABCOCK, PHIL
Address: 951 SABAL GROVE DRIVE
City-St-Zip: ROCKLEDGE, FL 32955

Title: D () Delete
Name: HARDY, ANDREW
Address: 1048 JACARANDA CIRCLE
City-St-Zip: ROCKLEDGE, FL 32955

Title: D () Delete
Name: WALKER, RON
Address: 966 KINGFISHER WAY
City-St-Zip: ROCKLEDGE, FL 32955

Title: D () Delete
Name: CUCCHIELLA, JOE
Address: 961 SABAL GROVE DR
City-St-Zip: ROCKLEDGE, FL 32955

Title: VP () Delete
Name: WILLIAM, ARNOLD
Address: 964 KINGFISHER WAY
City-St-Zip: ROCKLEDGE, FL 32955

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
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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: PHIL E. BABCOCK

T

01/18/2009

Electronic Signature of Signing Officer or Director

Date