

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50250

FILED  
Feb 07, 2010  
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  
Name: REESE, DENNIS  
Address: 999 SABAL GROVE DRIVE  
City-St-Zip: ROCKLEDGE, FL 32955

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

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

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

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

Title: P  
Name: WILLIAM, ARNOLD  
Address: 964 KINGFISHER WAY  
City-St-Zip: ROCKLEDGE, FL 32955

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: PHIL E. BABCOCK

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02/07/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date