


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90207 033 \*\*\*\*61.25

<b>DOCUMENT # N93000003644</b> 1. Entity Name <b>SABAL LAKES PHASE TWO HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>3735 RIVERSIDE WAY DELRAY BEACH, FL</b>			Mailing Address <b>1400 MILITARY RD 204 C DELRAY BEACH, FL 33484</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>CITTADINO, PHIL</b> <b>14000 MILITARY TR</b> <b>204 C</b> <b>DELRAY BEACH, FL 33484</b>				Name <b>Keith Backer, Esq.</b> Street Address (P.O. Box Number is Not Acceptable) <b>Backer Law Firm</b> <b>400 So Dixie Hwy #420</b> City <b>Boca Raton FL</b> Zip Code <b>33432</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD HALL, DAVID <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	3760 SABAL LAKES ROAD		NAME		
STREET ADDRESS	DELRAY BEACH, FL 33445		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VPD RUTZ, TERRY <input checked="" type="checkbox"/> Delete		TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	3802 SOUTH LANCEWOOD PLACE		NAME	<b>Roberts, Emily</b>	
STREET ADDRESS	DELRAY BEACH, FL 33445		STREET ADDRESS	<b>3762 S. Lancewood Pl</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>Delray Beach, FL 33445</b>	
TITLE	TD NORDT, KENNETH <input checked="" type="checkbox"/> Delete <b>OK</b>		TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	1310 E. LANCEWOOD PL.		NAME	<b>Helscher, Dick</b>	
STREET ADDRESS	DELRAY BEACH, FL 33445		STREET ADDRESS	<b>3825 Riverside Way</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>Delray Beach, FL 33445</b>	
TITLE	SD GARLENSKI, JANET <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	1255 E LANEWOOD PL		NAME		
STREET ADDRESS	DELRAY BEACH, FL 33445		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D OWEN, CHARLIE <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	1495 E LANCEWOOD PL		NAME		
STREET ADDRESS	DELRAY BEACH, FL 33445		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D PHILLIPS, RALPH <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	3920 RIVERSIDE WAY		NAME		
STREET ADDRESS	DELRAY BEACH, FL 33445		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 report 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.					
<b>SIGNATURE:</b> <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-10-06 561-496-3233 <small>Date Daytime Phone #</small>		