


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90065 028 ****61.25

DOCUMENT # N93000003644 1. Entity Name SABAL LAKES PHASE TWO HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 3735 RIVERSIDE WAY DELRAY BEACH, FL		Mailing Address 1400 MILITARY RD 204C DELRAY BEACH, FL 33484	
2. Principal Place of Business - No P.O. Box # C/O PHIL CITTADINO MGMT, INC		3. Mailing Address 14000 MILITARY TRAIL	
Suite, Apt. #, etc. 14000 MILITARY TRAIL-204-C		Suite, Apt. #, etc. SUITE 204-C	
City & State DELRAY BEACH FL		City & State DELRAY BEACH FL	
Zip 33484		Zip 33484	
Country US		Country U.S	
4. FEI Number 65-0474038		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BACKER, KEITH ESQ BACKER LAW FIRM 400 SO.DIXIE #420 BOCA RATON, FL 33432		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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>			
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	VD LICATA, ROSS 3720 BEACHWOOD DR DELRAY BEACH, FL 33445 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBERTA, EMILY 37625 LANCEWOOD PL DELRAY BEACH, FL 33445 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ROBERTS, EMILY 3765 SOUTH LANCEWOOD PLACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NORDT, KENNETH 1310 E. LANCEWOOD PL. DELRAY BEACH, FL 33445 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GARLENSKI, JANET 1255 E LANWOOD PL DELRAY BEACH, FL 33445 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HELSHER, DICK 3825 RIVERSIDE WAY DELRAY BEACH, FL 33445 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIPS, RALPH 3920 RIVERSIDE WAY DELRAY BEACH, FL 33445 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
SIGNATURE: <u><i>Richard M. Hezshor</i></u> RICHARD M. HEZSHOR		Date <u>3-17-08</u> Daytime Phone # <u>561-865-9973</u>	