
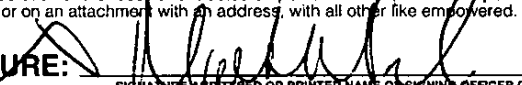


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90408 038 ****61.25

DOCUMENT # N98000004900 1. Entity Name SABAL HARBOUR HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business ADVANCED MGMT 9031 TOWN CENTER PARKWAY BRADENTON, FL 34202			Mailing Address ADVANCED MGMT 9031 TOWN CENTER PARKWAY BRADENTON, FL 34202		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3532738	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ADVANCED MGMT, INC 9031 TOWN CENTER PARKWAY BRADENTON, FL 34202				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, 2006		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	VD	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LONG, SHAUN		NAME	Mark Torlucci	
STREET ADDRESS	4419 USEPPA DR		STREET ADDRESS	4826 Bookelia Circle	
CITY-ST-ZIP	BRADENTON, FL 34203		CITY-ST-ZIP	Bradenton, FL 34203	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	Treas	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOWN, WAYNE		NAME	Lewis Osborne	
STREET ADDRESS	4517 USEPPU DRIVE		STREET ADDRESS	4834 Bookelia Circle	
CITY-ST-ZIP	BRADENTON, FL 34203		CITY-ST-ZIP	Bradenton, FL 34203	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUNDERBURK, REGGIE		NAME		
STREET ADDRESS	4861 SABAL HARBOUR DR		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34203		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	Sec'y	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARQUES, SUE		NAME	Randy Reeves	
STREET ADDRESS	4866 SABAL HARBOUR DR		STREET ADDRESS	4410 Useppa Drive	
CITY-ST-ZIP	BRADENTON, FL 34203		CITY-ST-ZIP	Bradenton, FL 34203	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	Asst. Sec'y	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MINICOZZI, SALVATORE		NAME	Douglas E. Wilson	
STREET ADDRESS	4637 SABAL KEY DR		STREET ADDRESS	9031 Town Center Pkwy	
CITY-ST-ZIP	BRADENTON, FL 34203		CITY-ST-ZIP	Bradenton, FL 34202	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIEMIECKI, HENRY		NAME		
STREET ADDRESS	4726 SABAL KEY DRIVE		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34203		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.					
SIGNATURE: 			Mark Torlucci 4-18-06		
<small>SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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