

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004900

FILED
Apr 14, 2009
Secretary of State

Entity Name: SABAL HARBOUR HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4650 SABAL HARBOUR DR
BRADENTON, FL 34203

New Principal Place of Business:

Current Mailing Address:

4650 SABAL HARBOUR DR
BRADENTON, FL 34203

New Mailing Address:

FEI Number: 59-3532738

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AVATAR PROPERTY MANAGEMENT GROUP, INC.
5114 TREESDALE CT
SARASOTA, FL 34238 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: P () Delete
Name: TORLUCCI, MARK
Address: 4826 BOOKELIA CIR
City-St-Zip: BRADENTON, FL 34203

Title: VP () Delete
Name: OSBORNE, LEWIS
Address: 4834 BOOKELIA CIR
City-St-Zip: BRADENTON, FL 34203

Title: T () Delete
Name: DESCH, MIKE
Address: 4516 USEPPA DR.
City-St-Zip: BRADENTON, FL 34203

Title: S () Delete
Name: SIMPSON, IRMA
Address: 4680 SABAL KEY DR.
City-St-Zip: BRADENTON, FL 34203

Title: D () Delete
Name: BENDICKSON, KIMBERLY
Address: 4530 SANIBEL WAY
City-St-Zip: BRADENTON, FL 34203

Title: D () Delete
Name: FUNDERBURK, REGGIE
Address: 4861 SABAL HARBOUR DR.
City-St-Zip: BRADENTON, FL 34203

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:

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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: MARK TORLUCCI

P

04/14/2009

Electronic Signature of Signing Officer or Director

Date