2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000112705

Entity Name: SABAL PALM BANK

FILED Apr 16, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5101 FRUITVILLE ROAD, SUITE 100 SARASOTA, FL 34232 **Current Mailing Address: New Mailing Address:** PO BOX 51810 SARASOTA, FL 34232 FEI Number: 20-5464849 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition DAVY, MARK A Name: Name: 602 SOUTH PINEAPPLE AVENUE Address: Address: City-St-Zip: SARASOTA, FL 34236 City-St-Zip: Title: Title: () Delete () Change () Addition Name: HALL, BRIAN D Name: 12242 CLUBHOUSE DRIVE Address: Address: BRADENTON, FL 34202 City-St-Zip: City-St-Zip: Title: Title: () Delete (X) Change () Addition HAMAD, SAMUEL Name: HEISER WOLFF, CHARLENE Name: 1517 STATE STREET 4099 LOSILLIAS DRIVE Address: Address: City-St-Zip: SARASOTA, FL 34236 City-St-Zip: SARASOTA, FL 34238 Title: () Delete Title: () Change () Addition KARP, RICHARD J Name: Name: Address: 8855 MIDNIGHT PASS ROAD Address: City-St-Zip: SARASOTA, FL 34242 City-St-Zip: Title: Title: () Delete () Change () Addition LANDIS, EDGAR D Name: Name: Address: 988 BOULEVARD OF THE ARTS #511 Address: City-St-Zip: SARASOTA, FL 34236 City-St-Zip: Title: () Delete Title: () Change () Addition MALKIN, LESLIE K Name: Name: 1620 BLUE HERON DRIVE Address: Address: City-St-Zip: SARASOTA, FL 34239 City-St-Zip:

SIGNATURE: DAVID FROELICH CFO 04/16/2009

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 607, Florida Statutes; and that my name appears

above, or on an attachment with an address, with all other like empowered.