

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000112705

**Entity Name:** SABAL PALM BANK

**FILED**  
**Jun 15, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

5101 FRUITVILLE ROAD, SUITE 100  
SARASOTA, FL 34232

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 51810  
SARASOTA, FL 34232

**New Mailing Address:**

**FEI Number:** 20-5464849

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

## **OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** HALL, BRIAN D  
**Address:** 12242 CLUBHOUSE DRIVE  
**City-St-Zip:** BRADENTON, FL 34202

**Title:** D  
**Name:** DAVY, MARK A  
**Address:** 602 SOUTH PINEAPPLE AVENUE  
**City-St-Zip:** SARASOTA, FL 34236

**Title:** D  
**Name:** HEISER WOLFF, CHARLENE  
**Address:** 4099 LOSILLIAS DRIVE  
**City-St-Zip:** SARASOTA, FL 34238

**Title:** D  
**Name:** KARP, RICHARD J  
**Address:** 8855 MIDNIGHT PASS ROAD  
**City-St-Zip:** SARASOTA, FL 34242

**Title:** D  
**Name:** MESSICK, ROBERT  
**Address:** 2033 MAIN STREET, SUITE 600  
**City-St-Zip:** SARASOTA, FL 34237

**Title:** D  
**Name:** MALKIN, LESLIE K  
**Address:** 1620 BLUE HERON DRIVE  
**City-St-Zip:** SARASOTA, FL 34239

I hereby 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 all other like empowered.

**SIGNATURE:** DAVID J FROELICH

CFO

06/15/2010

Electronic Signature of Signing Officer or Director

Date