

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 741571

**Entity Name:** SABAL PALM ASSOCIATION, INC.**Current Principal Place of Business:**DELLCOR MANAGEMENT INC  
310 PEARL AVE  
SARASOTA, FL 34243**Current Mailing Address:**DELLCOR MANAGEMENT INC  
310 PEARL AVE  
SARASOTA, FL 34243**FEI Number:** 58-1409912**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DELLCOR MANAGEMENT INC  
310 PEARL AVE  
SARASOTA, FL 34243 US*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**Officer/Director Detail :**

Title	VP
Name	DAVIS, ANGELA
Address	DELLCOR MANAGEMENT INC 310 PEARL AVE
City-State-Zip:	SARASOTA FL 34243

Title	SECRETARY
Name	BAKER, ANTOINETTE
Address	DELLCOR MANAGEMENT INC 310 PEARL AVE
City-State-Zip:	SARASOTA FL 34243

Title	PRESIDENT, TREASURER
Name	CALKA, MARY
Address	DELLCOR MANAGEMENT INC 310 PEARL AVE
City-State-Zip:	SARASOTA FL 34243

Title	DIRECTOR
Name	CALKA, TONY
Address	DELLCOR MANAGEMENT INC 310 PEARL AVE
City-State-Zip:	SARASOTA FL 34243

Title	DIRECTOR
Name	HINDS, ROBERT
Address	DELLCOR MANAGEMENT INC 310 PEARL AVE
City-State-Zip:	SARASOTA FL 34243

Title	DIRECTOR
Name	STRAIGHT, WENDY
Address	DELLCOR MANAGEMENT INC 310 PEARL AVE
City-State-Zip:	SARASOTA FL 34243

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARY CALKA

PRESIDENT

06/29/2020

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date