INC.			942229448	
1000 PINE HO	ncipal Place of Business: LOW POINT PRINGS, FL 32714			
ALTAMONTES	FRINGS, FL 32/14			
Current Mai	ling Address:			
	IOLLOW POINT E SPRINGS, FL 32714 US			
FEI Number: 26-1957250 Certificate of Status			Certificate of Status Desired	I: No
Name and A	ddress of Current Registered Agent:			
JORDAN, BRE 1000 PINE HOI ALTAMONTE S				
The above name	l entity submits this statement for the purpose of changing its reg	gistered office or regis	tered agent, or both, in the State of Florida.	
SIGNATUR	BRETT M JORDAN		0,	1/12/2021
	Electronic Signature of Registered Agent			
				Date
Officer/Dire	ctor Detail :			Date
Officer/Dire	ctor Detail : SECRETARY, TREASURER	Title	VP	Date
		Title Name	VP CLARKE, BRIAN	Date
Title	SECRETARY, TREASURER			Date
Title Name	SECRETARY, TREASURER RYBARCZYK, LUKE 1000 PINE HOLLOW POINT	Name	CLARKE, BRIAN 1000 PINE HOLLOW POINT	Date
Title Name Address	SECRETARY, TREASURER RYBARCZYK, LUKE 1000 PINE HOLLOW POINT	Name Address	CLARKE, BRIAN 1000 PINE HOLLOW POINT	Date
Title Name Address City-State-Zip:	SECRETARY, TREASURER RYBARCZYK, LUKE 1000 PINE HOLLOW POINT ALTAMONTE SPRINGS FL 32714	Name Address	CLARKE, BRIAN 1000 PINE HOLLOW POINT	Date
Title Name Address City-State-Zip: Title	SECRETARY, TREASURER RYBARCZYK, LUKE 1000 PINE HOLLOW POINT ALTAMONTE SPRINGS FL 32714 PRESIDENT	Name Address	CLARKE, BRIAN 1000 PINE HOLLOW POINT	Date
Title Name Address City-State-Zip: Title Name	SECRETARY, TREASURER RYBARCZYK, LUKE 1000 PINE HOLLOW POINT ALTAMONTE SPRINGS FL 32714 PRESIDENT FEDER, RONNIE	Name Address	CLARKE, BRIAN 1000 PINE HOLLOW POINT	Date

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: CLUBSIDE AT SABAL POINT CONDOMINIUM ASSOCIATION,

DOCUMENT# N05000012240

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: BRIAN CLARKE

Electronic Signature of Signing Officer/Director Detail

01/12/2021 Date

FILED Jan 12, 2021

Secretary of State

9422294482CC