

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 18, 2000 08:00 AM**  
**Secretary of State**

**DOCUMENT # 743654**

1. Entity Name  
**SABAL PALMS, OWNERS ASSOCIATION, INC.**

Principal Place of Business 1282 HWY A1A UNIT #8 SATELLITE BEACH 32937	FL	Mailing Address 1282 HWY A1A UNIT #8 SATELLITE BEACH 32937	FL
US		US	

2. Principal Place of Business 640 CARIBBEAN ROAD	3. Mailing Address 640 CARIBBEAN ROAD
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State SATELLITE BEACH FL	City & State SATELLITE BEACH FL
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Zip 32937	Country US	Zip 32937	Country US
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4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CERESKA JANINA  
 1282 HWY A1A UNIT #8  
 SATELLITE BEACH FL  
 32937 US

7. Name and Address of New Registered Agent

Name  
 CERESKA KENNETH P  
 Street Address (P.O. Box Number is Not Acceptable)  
 640 CARIBBEAN ROAD  
 City  
 SATELLITE BEACH FL Zip Code  
 32937

8. 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 KENNETH P. CERESKA DATE 04/18/2000  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DEJONG SHERRARD 9770 S TROPICAL TR. MERRITT ISLAND FL 32952 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CERESKA KENNETH P 239 CONCORD DR. MADISON AL 35758 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ EMIGDIO JR. 1282 A1A, UNIT 1 SATELLITE BEACH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CERESKA JANINA 1282 HWY A1A UNIT #8 SATELLITE BEACH FL 32937 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition    
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CERESKA KENNETH P 640 CARIBBEAN ROAD SATELLITE BEACH AL 32937 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ EMIGDIO JR. 1282 A1A, UNIT 1 SATELLITE BEACH FL 32937 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.