2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 11, 2002 8:00 AM
Secretary of State

DOCUMENT# 743654

Entity Name: SABAL PALMS, OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

640 CARIBBEAN ROAD
SATELLITE BEACH, FL 32937 US

New Principal Place of Business:

Current Mailing Address:

640 CARIBBEAN ROAD
SATELLITE BEACH, FL 32937 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CERESKA, KENNETH P
640 CARIBBEAN ROAD
SATELLITE BEACH, FL 32937 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	CERESKA, JANINA	
Address:	1282 HWY A1A UNIT #8	
City-St-Zip:	SATELLITE BEACH, FL 32937 US	
Title:	D	( ) Delete
Name:	MARTINEZ, EMIGDIO JR.	
Address:	1282 A1A, UNIT 1	
City-St-Zip:	SATELLITE BEACH, FL 32937 US	
Title:	D	( ) Delete
Name:	CERESKA, KENNETH P	
Address:	640 CARIBBEAN ROAD	
City-St-Zip:	SATELLITE BEACH, AL 32937 US	
Title:	STD	( ) Delete
Name:	DEJONG, SHERRARD	
Address:	9770 S TROPICAL TR.	
City-St-Zip:	MERRITT ISLAND, FL 32952	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: KENNETH P. CERESKA D 07/11/2002
Electronic Signature of Signing Officer or Director — Date