

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90246 026 \*\*\*\*61.25

0015946

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 765771

1. Corporation Name  
SABAL POINT COMMUNITY SERVICES ASSOCIATION, INC.

Principal Place of Business  
505 WEKIVA SPRINGS RD  
STE 500  
LONGWOOD FL 32779  
US

Mailing Address  
PO BOX 915348  
LONGWOOD FL 91534-534  
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 11/17/1982	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2352184	
22 City & State	27 City & State	Applied For Not Applicable	
23 Zip Country	28 Zip Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	29	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent PAT A. KEHLER, AGENT REGENCY PROFESSIONAL MANAGEMENT, INC. 505 WEKIVA SPRINGS RD, SUITE 500 LONGWOOD FL 32779	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
---	---

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	NAME LARRY SHERTZ	1.1 TITLE T	NAME Butz, William
STREET ADDRESS 536 S. LONGVIEW PL	CITY-ST-ZIP LONGWOOD FL	1.2 NAME	1.3 STREET ADDRESS 503 Bramblewood Ct.
		1.4 CITY-ST-ZIP Longwood, FL 32779	
TITLE D	NAME PFLUMM BASIL	2.1 TITLE S	NAME Pope, Cadesman III
STREET ADDRESS 528 WINDING CREEK PL	CITY-ST-ZIP LONGWOOD FL	2.2 NAME	2.3 STREET ADDRESS 510 Sabal Trail Circle
		2.4 CITY-ST-ZIP Longwood, FL 32779	
TITLE D	NAME BUTLER, JACKIE	3.1 TITLE D	NAME Kuhns, Marie
STREET ADDRESS 657 PINE SHADOW CT	CITY-ST-ZIP LONGWOOD FL 32779	3.2 NAME	3.3 STREET ADDRESS 186 W. Sabal Palm Pl
		3.4 CITY-ST-ZIP Longwood, FL 32779	
TITLE T	NAME WILLIAM PROCKNOW	4.1 TITLE D	NAME Burns, Wilmeth
STREET ADDRESS 546 SABAL TRAIL CIRCLE	CITY-ST-ZIP LONGWOOD FL	4.2 NAME	4.3 STREET ADDRESS 570 Village Pl #306
		4.4 CITY-ST-ZIP Longwood, FL 32779	
TITLE D	NAME WILLIAM CASSIDY	5.1 TITLE D	NAME Liss, Walter
STREET ADDRESS 430 VILLAGE PLACE	CITY-ST-ZIP LONGWOOD FL	5.2 NAME	5.3 STREET ADDRESS 605 Longmeadow Circle
		5.4 CITY-ST-ZIP Longwood, FL 32779	
TITLE D President	NAME MACGILVRAY, JOSEPH	6.1 TITLE D	NAME Petticrew, Dan
STREET ADDRESS 682 PINE SHADOW CT	CITY-ST-ZIP LONGWOOD FL	6.2 NAME	6.3 STREET ADDRESS 2676 Bent Hickory Cr.
		6.4 CITY-ST-ZIP Longwood, FL 32779	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: 1-15-99 DAYTIME PHONE #: 407-786-5100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/198)