

**2000 UNIFORM BUSINESS RE**

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90001 046 \*\*\*\*61.25

**DOCUMENT # 765771**

1. Entity Name

**SABAL POINT COMMUNITY SERVICES ASSOCIATION**

Principal Place of Business 505 WEKIVA SPRINGS RD STE 500 LONGWOOD FL 32779 US	Mailing Address PO BOX 915348 LONGWOOD FL 32791-5348 US
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80012755



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. Ste 205 407 Wekiva Springs Rd. City & State Longwood, FL Zip 32779 Country Seminole	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number 59-2352184	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PAT A. KEHLER, AGENT  
 REGENCY PROFESSIONAL MANAGEMENT, INC.  
 505 WEKIVA SPRINGS RD, SUITE 500 20 S  
 LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 407 WEKIVA SPRINGS ROAD, STE 205  
 City LONGWOOD FL Zip Code 32779

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 *Pat A Kehler* DATE 1/28/00  
 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 D LARRY SHERTZ STREET ADDRESS 536 S. LONGVIEW PL CITY-ST-ZIP LONGWOOD FL	<input type="checkbox"/> Delete
TITLE NAME X Secretary POPE, CADESMAN III STREET ADDRESS 510 SABAL TRAIL CIRCLE CITY-ST-ZIP LONGWOOD FL 32779	<input type="checkbox"/> Delete
TITLE NAME D BUTLER, JACKIE STREET ADDRESS 657 PINE SHADOW CT CITY-ST-ZIP LONGWOOD FL 32779	<input type="checkbox"/> Delete
TITLE NAME T BURNS, WILMETH STREET ADDRESS 570 VILLAGE PL #306 CITY-ST-ZIP LONGWOOD FL 32779	<input checked="" type="checkbox"/> Delete
TITLE NAME D LISS, WALTER STREET ADDRESS 605 LONGMEADOW CIRCLE CITY-ST-ZIP LONGWOOD FL 32779	<input type="checkbox"/> Delete
TITLE NAME P MACGILVRAY, JOSEPH STREET ADDRESS 682 PINE SHADOW CT CITY-ST-ZIP LONGWOOD FL	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME Treasurer Butz, William STREET ADDRESS 503 Bramblewood Ct. CITY-ST-ZIP Longwood, FL 32779	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME D Beshere, Bettina STREET ADDRESS 451 Sabal Trail Cr. CITY-ST-ZIP Longwood, FL 32779	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME D Kuhns, Marie STREET ADDRESS 186 W Sabal Palm Dr CITY-ST-ZIP Longwood, FL 32779	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME D Handyside, Shailer STREET ADDRESS 450 Village Pl Apt 312 CITY-ST-ZIP Longwood, FL 32779	<input 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.

SIGNATURE: *Pat A Kehler*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-00

Date Daytime Phone #