

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90087 045 ****61.25

DOCUMENT # 765771

1. Entity Name

SABAL POINT COMMUNITY SERVICES ASSOCIATION, INC.

Principal Place of Business

407 WEKIVA SPRINGS RD
 STE 205
 LONGWOOD FL 32779
 US

Mailing Address

PO BOX 915348
 LONGWOOD FL 91534-534
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2352184

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PAT A. KEHLER, AGENT
REGENCY PROFESSIONAL MANAGEMENT, INC.
407 WEKIVA SPRINGS ROAD STE 205
LONGWOOD FL 32779

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	D LARRY SHERTZ	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	536 S. LONGVIEW PL	
CITY-ST-ZIP	LONGWOOD FL	
TITLE NAME	D POPE, CADESMAN III	<input type="checkbox"/> Delete
STREET ADDRESS	510 SABAL TRAIL CIRCLE	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE NAME	D BUTLER, JACKIE	<input type="checkbox"/> Delete
STREET ADDRESS	657 PINE SHADOW CT	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE NAME	T BUTZ, WILLIAM	<input type="checkbox"/> Delete
STREET ADDRESS	503 BRAMBLEWOOD CT	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE NAME	D LISS, WALTER	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	605 LONGMEADOW CIRCLE	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE NAME	P MACGILVRAY, JOSEPH	<input type="checkbox"/> Delete
STREET ADDRESS	682 PINE SHADOW CT	
CITY-ST-ZIP	LONGWOOD FL	

TITLE NAME	D BETTINA BESHRE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	451 SABAL TRAIL CIRCLE	
CITY-ST-ZIP	LONGWOOD, FL 32779	
TITLE NAME	D SHAILER HANDYSIDE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	450 VILLAGE PLACE; APT. 312	
CITY-ST-ZIP	LONGWOOD, FL 32779	
TITLE NAME	D Delno Tromp	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	612 Longmeadow Cir	
CITY-ST-ZIP	Longwood, FL 32779	
TITLE NAME	D Stephan Loso	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	508 Bramblewood Ct	
CITY-ST-ZIP	Longwood, FL 32779	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE OF JOSEPH MACGILVRAY

1-16-01

Date

407-786-5100

Daytime Phone #

CR2E037 (10/00)

001-187