

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90492 001 ****61.25

DOCUMENT # 765771

1. Entity Name

SABAL POINT COMMUNITY SERVICES ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**407 WEKIVA SPRINGS RD
STE 205
LONGWOOD FL 32779
US**

**PO BOX 915348
LONGWOOD FL 91534-534
US**

10020500



CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BESHARE, BETTINA	NAME	Larry Elderdice
STREET ADDRESS	451 SABAL TRAIL CIRCLE	STREET ADDRESS	2507 Last Tee Court
CITY-ST-ZIP	LONGWOOD FL 32779	CITY-ST-ZIP	Longwood, FL 32779
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POPE, CADESMAN III	NAME	Cadesman, Pope III
STREET ADDRESS	510 SABAL TRAIL CIRCLE	STREET ADDRESS	392 Creekstone Court
CITY-ST-ZIP	LONGWOOD FL 32779	CITY-ST-ZIP	Longwood, FL 32779
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUTLER, JACKIE	NAME	Stephen Loso
STREET ADDRESS	657 PINE SHADOW CT	STREET ADDRESS	508 Bramblewood Court
CITY-ST-ZIP	LONGWOOD FL 32779	CITY-ST-ZIP	Longwood FL 32779
TITLE	T <input type="checkbox"/> Delete	TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUTZ, WILLIAM	NAME	Wayne Hunicke
STREET ADDRESS	503 BRAMBLEWOOD CT	STREET ADDRESS	547 Timber Ridge Drive
CITY-ST-ZIP	LONGWOOD FL 32779	CITY-ST-ZIP	Longwood FL 32779
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANDYSIDE, SHAILER	NAME	
STREET ADDRESS	450 VILLAGE PLACE, APT 312	STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32779	CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACGILVRAY, JOSEPH	NAME	
STREET ADDRESS	682 PINE SHADOW CT	STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	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: *Joseph Macgilvray* **SPCSA PRESIDENT** 02/26/03 407 786-5100

CR2E037 (10/02)