

2000 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 05, 2000 8:00 am
Secretary of State

05-11-2000 90186 001 ***183.75

DOCUMENT # N99000005529

1. Entity Name

SABAL ISLES AT WATERFORD HOMEOWNERS ASSOCIATION.

Principal Place of Business

Mailing Address

~~385 DOUGLAS AVENUE
 SUITE 2000
 ALTAMONTE SPRINGS FL 32714~~

~~385 DOUGLAS AVENUE
 SUITE 2000
 ALTAMONTE SPRINGS FL 32714~~

2. Principal Place of Business

3. Mailing Address

1416 Concord St. E.

PB BOX 531010

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Orlando, FL

City & State
Orlando, FL

4. FEI Number

Applied For
 Not Applicable

Zip
32803

Country
US

Zip
32853-1010

Country
US

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

~~CENTEX REAL ESTATE CORPORATION
 385 DOUGLAS AVENUE
 SUITE 2000
 ALTAMONTE SPRINGS FL 32714~~

Name
The Melrose Corporation
 Street Address (P.O. Box Number is Not Acceptable)
1416 East Concord St.
 City **Orlando** FL Zip Code **32803**

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 STREET ADDRESS CITY-ST-ZIP	PD KNIGHT, PATRICK 385 DOUGLAS AVENUE ALTAMONTE SPRINGS FL 32714	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SMITH, RALPH JR. 385 DOUGLAS AVENUE ALTAMONTE SPRINGS FL 32714	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MATTHAI, KAROLINE 385 DOUGLAS AVENUE ALTAMONTE SPRINGS FL 32714	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Miles, Phil 385 Douglas Avenue, Ste. 2000 Altamonte Springs, FL 32714	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Makransky, James Same AS Above	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Stapleton, Kirstin Same AS Above	<input checked="" 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
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:

(Signature)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00
 Date

(407) 661-2174
 Daytime Phone #

CR2E037 (9/99)