

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N9900000529

FILED  
Apr 23, 2002 8:00 AM  
Secretary of State

**Entity Name:** SABAL ISLES AT WATERFORD HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1416 CONCORD ST E  
ORLANDO, FL 32803 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 531010  
ORLANDO, FL 328531010 US

**New Mailing Address:**

FEI Number: 59-2542930

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

THE MELROSE CORPORATION  
1416 EAST CONCORD ST  
ORLANDO, FL 32803 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: KAISER, DAN  
Address: 385 DOUGLAS AVE, STE 2000  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: D ( ) Delete  
Name: MAKRANSKY, JAMES  
Address: 385 DOUGLAS AVE, STE 2000  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: D ( ) Delete  
Name: STAPLETON, KIRSTIN  
Address: 385 DOUGLAS AVE, STE 2000  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIRSTIN STAPLETON

D

04/23/2002

Electronic Signature of Signing Officer or Director

Date