

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 17, 2009  
Secretary of State**

DOCUMENT# N9900000529

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

**Current Principal Place of Business:**

1600 WEST COLONIAL DRIVE  
ORLANDO, FL 32804 US

**New Principal Place of Business:**

**Current Mailing Address:**

1600 WEST COLONIAL DRIVE  
ORLANDO, FL 32804 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:**

HANSON, JACK  
1600 WEST COLONIAL DRIVE  
ORLANDO, FL 32804 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: FISHER, TOM  
Address: 12050 SHADOWBROOK LANE  
City-St-Zip: ORLANDO, FL 32828 US

Title: D ( ) Delete  
Name: MOFFA, STEVEN  
Address: 12230 SHADOWBROOK LANE  
City-St-Zip: ORLANDO, FL 32828 US

Title: D ( ) Delete  
Name: WALKER, BRIAN  
Address: 12326 SHADOWBROOK LANE  
City-St-Zip: ORLANDO, FL 32828

**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 exemption stated in Chapter 119, 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: STEVE MOFFA

D

04/17/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date