

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 32714-3301

2. Principal Place of Business

3. Mailing Address

1416 Concord St. E.
Suite, Apt. #, etc.

PO Box 531010
Suite, Apt. #, etc.

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

Jack B. Hanson 4-26-00

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

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

4/28/00 (407) 661-2174
Date Daytime Phone #

CR2E037 (9/99)