

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90315 012 \*\*\*\*61.25

**DOCUMENT # 741571**

1. Entity Name

**SABAL PALM ASSOCIATION, INC.**

Principal Place of Business

**DELLCOR MANAGEMENT INC  
 310 PEARL AVE  
 SARASOTA FL 34243**

Mailing Address

**DELLCOR MANAGEMENT INC  
 310 PEARL AVE  
 SARASOTA FL 34243**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**58-1409912**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DELLCOR MANAGEMENT INC  
 310 PEARL AVE  
 SARASOTA FL 34243**

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.

SIGNATURE

*[Handwritten Signature]*

**4/18/01**

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: PD  
 NAME: LIST, LARRY  
 STREET ADDRESS: 2727 75TH STREET W., #A1H  
 CITY-ST-ZIP: BRADENTON FL 34209  
 Delete

TITLE: D  
 NAME: Casemier, Robert  
 STREET ADDRESS: 2727-75 ST W.  
 CITY-ST-ZIP: Bradenton, FL 34209  
 Change  Addition

TITLE: VP  
 NAME: KOUTSELAS, NICK  
 STREET ADDRESS: 2727 75 ST W  
 CITY-ST-ZIP: BRADENTON FL 34209  
 Delete

TITLE: D  
 NAME: Straight, Edward  
 STREET ADDRESS: 2727-75 ST W  
 CITY-ST-ZIP: Bradenton, FL 34209  
 Change  Addition

TITLE: D  
 NAME: HUBLOARD, DONALD  
 STREET ADDRESS: 818-128 ST NE  
 CITY-ST-ZIP: BRADENTON FL 34202  
 Delete

TITLE: [Blank]  
 NAME: [Blank]  
 STREET ADDRESS: [Blank]  
 CITY-ST-ZIP: [Blank]  
 Change  Addition

TITLE: SD  
 NAME: ROYER, DONALD  
 STREET ADDRESS: 2727 75TH STREET W., #A1D  
 CITY-ST-ZIP: BRADENTON FL 34209  
 Delete

TITLE: [Blank]  
 NAME: [Blank]  
 STREET ADDRESS: [Blank]  
 CITY-ST-ZIP: [Blank]  
 Change  Addition

TITLE: D  
 NAME: WOODWARD, JAMES  
 STREET ADDRESS: 4738 BELLEUE AVE  
 CITY-ST-ZIP: LOUISVILLE KY 40215  
 Delete

TITLE: [Blank]  
 NAME: [Blank]  
 STREET ADDRESS: [Blank]  
 CITY-ST-ZIP: [Blank]  
 Change  Addition

TITLE: [Blank]  
 NAME: [Blank]  
 STREET ADDRESS: [Blank]  
 CITY-ST-ZIP: [Blank]  
 Delete

TITLE: [Blank]  
 NAME: [Blank]  
 STREET ADDRESS: [Blank]  
 CITY-ST-ZIP: [Blank]  
 Change  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:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)