

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 15, 2001 8:00 am**  
**Secretary of State**

02-15-2001 90025 032 \*\*\*\*61.25

**DOCUMENT # 760607**

1. Entity Name

**S.A.C. HOME ASSOCIATION, INC.**

Principal Place of Business

**20428 CORTEZ BLVD  
 BROOKSVILLE FL 34601**

Mailing Address

**20428 CORTEZ BLVD  
 BROOKSVILLE FL 34601**

**623169**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-0208637**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CLARK, LENVILL  
 12184 JAYBIRD ROAD  
 BROOKSVILLE FL 34614**

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

*Lenivill Clark*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*Jan. 10, 2001*

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** ☐ Delete  
 NAME **MORIN, RICHARD**  
 STREET ADDRESS **7224 WOODLAND DR.**  
 CITY-ST-ZIP **BROOKSVILLE FL 34601**

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **V** ☒ Delete  
 NAME **NICO, JAMES C**  
 STREET ADDRESS **6511 BARCELONA BLVD**  
 CITY-ST-ZIP **BROOKSVILLE FL 34602**

TITLE **V** ☒ Change ☐ Addition  
 NAME **Kenneth George**  
 STREET ADDRESS **7783 Gordon Loop**  
 CITY-ST-ZIP **Brooksville, Fl. 34601**

TITLE **S** ☐ Delete  
 NAME **KORBUS, ELMER**  
 STREET ADDRESS **P.O. BOX 231 N/A**  
 CITY-ST-ZIP **BROOKSVILLE FL 34605**

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **T** ☒ Delete  
 NAME **CLAPSIS, PETER T**  
 STREET ADDRESS **27024 KEVIN KELLY AVE**  
 CITY-ST-ZIP **BROOKSVILLE FL 34602**

TITLE **TREASURER** ☒ Change ☐ Addition  
 NAME **Wayne Scovell**  
 STREET ADDRESS **27431 Old Springlake Rd**  
 CITY-ST-ZIP **Brooksville, Fl. 34602**

TITLE **D** ☐ Delete  
 NAME **PIMENTEL, MANUEL**  
 STREET ADDRESS **7006 WINDMERE RD**  
 CITY-ST-ZIP **BROOKSVILLE FL 34602**

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☒ Delete  
 NAME **PIMENTEL, NORBERTO**  
 STREET ADDRESS **7047 WINDMERE RD**  
 CITY-ST-ZIP **BROOKSVILLE FL 34602**

TITLE **Financial Secretary** ☒ Change ☐ Addition  
 NAME **Lenivill Clark**  
 STREET ADDRESS **12184 Jaybird Rd**  
 CITY-ST-ZIP **Brooksville, Fl. 34614**

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:

*Manuel Pimentel*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Feb. 12, 2001 352-582-6975*

Date

Daytime Phone #

CR2E037 (10/00)