

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 765771 (1)

1. Corporation Name

SABAL POINT COMMUNITY SERVICES ASSOCIATION, INC.



Principal Place of Business

Mailing Address

2180 W. SR 434 SUITE 5000  
LONGWOOD FL 32779

2180 W. SR 434 SUITE 5000  
LONGWOOD FL 32779

3. Date Incorporated or Qualified  
11/17/1982

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

same

4. FEI Number  
59-2352184

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 155 Sabal Palm Dr.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

Longwood, FL

24 Zip

25 Country

29 Zip

30 Country

32779

Seminole

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GAUTHIER, PIERRE  
2180 W. SR 434 #5000  
LONGWOOD FL 32779

PAT A. KEHLER, AGENT  
REGENCY PROFESSIONAL MANAGEMENT, INC  
407 WEKIVA SPRINGS ROAD - SUITE 213  
LONGWOOD, FLORIDA 32779

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-  
or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am  
familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	PFLUMM, BASIL	528 WINDING CIRCLE PL	LONGWOOD FL	<input checked="" type="checkbox"/>
SD	LISS, WALTER	605 LONGMEADOW CIR	LONGWOOD FL	<input type="checkbox"/>
VD	FERGUSON, SHELLEY	540 TIMBER RIDGE DRIVE	LONGWOOD FL	<input type="checkbox"/>
TD	HOFFBERG, ALAN	414 TWISTING PINE CIR.	LONGWOOD FL	<input checked="" type="checkbox"/>
D	ARMSTRONG, SCOTT	2650 BENT HICKORY CIR	LONGWOOD FL	<input type="checkbox"/>
D	BUTLER, JACKIE	657 PINE SHADOW COURT	LONGWOOD FL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
D	Larry Shertz	536 S. Longview Pl		<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Peggy Persaud	661 Longmeadow Cr.	Longwood, FL 32779	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PD	Ferguson, Shelley	540 Timber Ridge Dr.	Longwood, FL 32779	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	William Procknow	546 Sabal Trail Circle	Longwood, FL 32779	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	William Cassidy	430 Village Place	Longwood, FL 32779	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Hal Smith, Jr.	247 W Sabal Palm Place	Longwood, FL 32779	<input type="checkbox"/>	<input checked="" type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further  
certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)