

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 03 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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
155 SABAL PALM DR.
LONGWOOD FL 32779
US 155 SABAL PALM DRIVE
LONGWOOD FL 32779-2558

3. Date Incorporated or Qualified 11/17/1982 3a. Date of Last Report 04/15/1996

2. Principal Place of Business 2a. Mailing Address
21 407 WEKIVA Springs Rd 26 P.O. Box 915348
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Ste 213 27
City & State City & State
23 Longwood FL 28 Longwood FL
Zip Country Zip Country
24 32779 25 US 29 915348-5548 30 US

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office 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 PAT A. Kehler, President
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	D	<input type="checkbox"/> DELETE
NAME	LARRY SHERTZ	
STREET ADDRESS	538 S. LONGVIEW PL	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PEGGY PERSAUD	
STREET ADDRESS	661 LONGMEADOW CR.	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FERGUSON, SHELLY	
STREET ADDRESS	540 TIMBER RIDGE DRIVE	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WILLIAM PROCKNOW	
STREET ADDRESS	548 SABAL TRAIL CIRCLE	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAM CASSIDY	
STREET ADDRESS	430 VILLAGE PLACE	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HAL SMITH, JR.	
STREET ADDRESS	247 W. SABAL PALM PLACE	
CITY-ST-ZIP	LONGWOOD FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D Basil Plumm
2.3 STREET ADDRESS	548 WINDING CREEK PLACE
2.4 CITY-ST-ZIP	LONGWOOD FL 32779
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Joseph MacGilvray
6.3 STREET ADDRESS	682 PINE SHADOW Ct.
6.4 CITY-ST-ZIP	LONGWOOD FL 32779

14. I do 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 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: X [Signature] President 2/22/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR