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Feb 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **765771** (1)
1. Corporation Name
SABAL POINT COMMUNITY SERVICES ASSOCIATION, INC.



Principal Place of Business 407 WEKIVA SPRINGS RD 213 LONGWOOD FL 32779 US	Mailing Address PO BOX 915348 LONGWOOD FL 91534-534 US
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2. Principal Place of Business 21 505 Wekiva Springs Rd Suite, Apt. #, etc. 22 Ste 500 City & State 23 Longwood FL Zip 24 FL	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Seminole Country 30
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3. Date Incorporated or Qualified 11/17/1982	
4. FEI Number 59-2352184	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current-year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 Pat Kehler - Regency Professional Mg 82 Street Address (P.O. Box Number is Not Acceptable) 505 Wekiva Springs Rd. 83 Suite 500 84 City Longwood FL 85 Zip Code 32779

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*

DATE **1/13/98**

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 <i>Director</i> <input type="checkbox"/> DELETE
NAME	LARRY SHERTZ
STREET ADDRESS	536 S. LONGVIEW PL
CITY-ST-ZIP	LONGWOOD FL
TITLE	D <i>Director</i> <input type="checkbox"/> DELETE
NAME	PFLUMM, BASIL
STREET ADDRESS	528 WINDING CREEK PL
CITY-ST-ZIP	LONGWOOD FL
TITLE	PO <i>Director</i> <input checked="" type="checkbox"/> DELETE
NAME	FERGUSON, SHELLEY
STREET ADDRESS	540 TIMBER RIDGE DRIVE
CITY-ST-ZIP	LONGWOOD FL
TITLE	TD <i>Treasurer</i> <input type="checkbox"/> DELETE
NAME	WILLIAM PROCKNOW
STREET ADDRESS	548 SABAL TRAIL CIRCLE
CITY-ST-ZIP	LONGWOOD FL
TITLE	D <i>Director</i> <input type="checkbox"/> DELETE
NAME	WILLIAM CASSIDY
STREET ADDRESS	430 VILLAGE PLACE
CITY-ST-ZIP	LONGWOOD FL
TITLE	PO <i>President</i> <input type="checkbox"/> DELETE
NAME	MACGILVRAY, JOSEPH
STREET ADDRESS	682 PINE SHADOW CT
CITY-ST-ZIP	LONGWOOD FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<i>Director</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Jackie Butler
1.3 STREET ADDRESS	657 Pine Shadow Ct.
1.4 CITY-ST-ZIP	Longwood, FL 32779
2.1 TITLE	<i>Director</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Marie Kuhns
2.3 STREET ADDRESS	186 W. Sabal Palm Place
2.4 CITY-ST-ZIP	Longwood, FL 32779
3.1 TITLE	<i>Director</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Dan Petticrew
3.3 STREET ADDRESS	2676 Bent Hickory Circle
3.4 CITY-ST-ZIP	Longwood, FL 32779
4.1 TITLE	<i>Director</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Walter Liss
4.3 STREET ADDRESS	605 Longmeadow Circle
4.4 CITY-ST-ZIP	Longwood, FL 32779
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 type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: *Pat A. Kehler*

1/19/98

CP2E037 (10/97)