
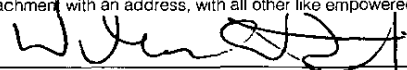


FILED
Feb 20, 2004 8:00 am
Secretary of State

94018590

DOCUMENT # 765771						02-20-2004 90015 012 ****61.25	
1. Entity Name SABAL POINT COMMUNITY SERVICES ASSOCIATION, INC.							
Principal Place of Business 407 WEKIVA SPRINGS RD STE 205 LONGWOOD, FL 32779 US				Mailing Address PO BOX 915348 LONGWOOD, FL 91534--534 US			
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 59-2352184				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent PAT A. KEHLER, AGENT REGENCY PROFESSIONAL MANAGEMENT, INC. 407 WEKIVA SPRINGS ROAD STE 205 LONGWOOD, FL 32779				7. Name and Address of New Registered Agent			
Name				Name			
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)			
City				City			
Zip				Zip			
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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE				DATE			
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by May 1, 2004				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>			
				\$5.00 May Be Added to Fees			
				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
D BESHORE, BETTINA 451 SABAL TRAIL CIRCLE LONGWOOD, FL 32779 <input checked="" type="checkbox"/> Delete				PID Hunicke, Wayne 547 Timber Ridge Drive Longwood, FL 32779 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
D POPE, CADESMAN III 392 CREEKSTONE CT LONGWOOD, FL 32779 <input type="checkbox"/> Delete							
D BUTLER, JACKIE 657 PINE SHADOW CT LONGWOOD, FL 32779 <input type="checkbox"/> Delete							
T BUTZ, WILLIAM 503 BRAMBLEWOOD CT LONGWOOD, FL 32779 <input type="checkbox"/> Delete							
D HANDYSIDE, SHAILER 450 VILLAGE PLACE, APT 312 LONGWOOD, FL 32779 <input type="checkbox"/> Delete							
D ELDERDICE, LARRY 2507 LAST TEE CT LONGWOOD, FL 32779 <input checked="" type="checkbox"/> Delete				D Zweibohmer, Randall 703 Bear Shadow Ct. Longwood FL 32779 <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: 				2-17-04 407-786-5100			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			