## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## Feb 10, 2005 8:00 am **Secretary of State DOCUMENT # 765771** 02-10-2005 90060 027 \*\*\*\*61.25 SABAL POINT COMMUNITY SERVICES ASSOCIATION. INC. Principal Place of Business Mailing Address **407 WEKIVA SPRINGS RD** PO BOX 915348 LONGWOOD, FL 91534--534 US **STE 205** 50013503 LONGWOOD, FL 32779 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01242005 Cha-NP CR2E037 (10/03) City & State City & State 4. FEI Number 59-2352184 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Professional Mant PAT A. KEHLER, AGENT Street Address (P.O. Box Number is Not Acceptable) REGENCY PROFESSIONAL MANAGEMENT, INC. **407 WEKIVA SPRINGS ROAD STE 205** LONGWOOD, FL 32779 Springs Rd 407 Weliva Ste 205 City ong wood Zip Code 32779 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 abent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete Addition TITLE ☐ Change HUNICKE, WAYNE NAME NAME Weber, Mike 522 Sabal Trail Circle STREET ADDRESS 547 TIMBER RIDGE DR. STREET ADDRESS CITY - ST - ZIP LONGWOOD, FL 32779 CITY-ST-ZIP Longwood FL 32779 TITLE ☐ Delete Change ☐ Addition POPE, CADESMAN III NAME NAME Pape, Cadesman III STREET ADDRESS 392 CREEKSTONE CT STREET ADDRESS 392 Creekstone CT CITY-ST-ZIP LONGWOOD, FL 32779 CITY-ST-ZIP FL. 32779 <u>∞ngw∞d</u> Addition TITLE ☐ Delete TITLE $\mathfrak{D}$ Change NAME BUTLER, JACKIE-NAME $\mathcal{D}_{\mathcal{U}_{\mathcal{U}_{\mathcal{U}}}}$ STREET ADDRESS 657 PINE SHADOW CT STREET ADDRESS LONGWOOD, FL 32779 CITY-ST-7IP CITY-ST-ZIP TITLE TITLE ☐ Delete Change Addition Billotte BUTZ, WILLIAM NAME NAME 577 S. Longview STREET ADDRESS 503 BRAMBLEWOOD CT STREET ADDRESS CITY-ST-ZIP LONGWOOD, FL 32779 CITY-ST-7IP Delete TITLE TITLE ☐ Change ☐ Addition NAME HANDYSIDE, SHAILER NAME STREET ADDRESS 450 VILLAGE PLACE, APT 312 STREET ADDRESS CITY-ST-ZiP LONGWOOD, FL 32779 CITY-ST-ZIP

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 of the corporation or the received

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

ZWEIBOHMER, RANDALL

703 BEAR SHADOW CT.

LONGWOOD, FL 32779

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Daytime Phone #

☐ Change

☐ Addition

FILED