

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90417 031 ****61.25

DOCUMENT # N00881

1. Entity Name
SABAL CREEK ASSOCIATION, INC.



Principal Place of Business
**9700 RESERVE BLVD
PT. ST. LUCIE, FL 34986 US**

Mailing Address
**21045 COMMERCIAL TRAIL
BOCA RATON, FL 33486 US**

50013094



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04102006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-2765467

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ISAACSON, WILLIAM K
C/O LANG MANAGEMENT
21045 COMMERCIAL TRAIL
BOCA RATON, FL 33486**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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
**PDS
CSAPO, JOHN C
9700 RESERVE BLVD
PORT ST LUCIE, FL 34986** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President
HORACE Webb
7825 Sabal Lake Drive
Port St. Lucie, FL 34986** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
TOMPSON, JOHN R
9700 RESERVE BLVD
PT. ST. LUCIE, FL 34986** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Treasurer
Robert Hansen
7993 Saddlebrook Dr.
Port St. Lucie, FL 34986** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVS
VAIL, ROBERT
2160 RESERVE PARK TRACE
PT ST LUCIE, FL 33986** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Secretary
Lorenzo Williams
7901 Saddlebrook Drive
Port St. Lucie, FL 34986** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/06