

MAY. 20. 2004 10:48AM

PULTE HOMES

**FILED**  
**Jun 17, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90337 024 \*\*\*\*61.25

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |                                                                                                                    |                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # N03000002734</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                   |                                   |                                                                   |
| 1. Entity Name<br><b>SABAL POINTE AT COLONIAL RESIDENTS' ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                   |                                                                                                                    |                                                                   |
| Principal Place of Business<br><b>9148 BONITA BCH RD., SUITE 102<br/>BONITA SPRINGS, FL 34135</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   | Mailing Address<br><b>9148 BONITA BCH RD., SUITE 102<br/>BONITA SPRINGS, FL 34135</b>                              |                                                                   |
| 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<br><b>56-2366073</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   | Applied For<br>Not Applicable                                                                                      |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                   | \$8.75 Additional Fee Required                                                                                     |                                                                   |
| 6. Name and Address of Current Registered Agent<br><b>KEMPTON, STEVE<br/>9148 BONITA BCH RD., SUITE 102<br/>BONITA SPRINGS, FL 34135</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                   | 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                                                                                                               |                                                                   |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                   | DATE                                                                                                               |                                                                   |
| Signature, typed or printed name of registered agent and title if applicable.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   | (NOTE: Registered Agent Signature required when replacing)                                                         |                                                                   |
| Filing Fee is \$51.25<br>Due by May 1, 2004                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be<br>Added to Fees |                                                                   |
| Make check payable to,<br>Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |                                                                                                                    |                                                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                              |                                                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | D <input type="checkbox"/> Delete | TITLE                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | KEMPTON, STEVE                    | NAME                                                                                                               |                                                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 9148 BONITA BCH RD., SUITE 102    | STREET ADDRESS                                                                                                     |                                                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | BONITA SPRINGS, FL 34135          | CITY-ST-ZIP                                                                                                        |                                                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | D <input type="checkbox"/> Delete | TITLE                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | MEEKS, W. MICHAEL                 | NAME                                                                                                               |                                                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 9148 BONITA BCH RD., SUITE 102    | STREET ADDRESS                                                                                                     |                                                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | BONITA SPRINGS, FL 34135          | CITY-ST-ZIP                                                                                                        |                                                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | D <input type="checkbox"/> Delete | TITLE                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | RAY, LAURA                        | NAME                                                                                                               |                                                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 9148 BONITA BCH RD., SUITE 102    | STREET ADDRESS                                                                                                     |                                                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | BONITA SPRINGS, FL 34135          | CITY-ST-ZIP                                                                                                        |                                                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete   | TITLE                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   | NAME                                                                                                               |                                                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                   | STREET ADDRESS                                                                                                     |                                                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                   | CITY-ST-ZIP                                                                                                        |                                                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete   | TITLE                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   | NAME                                                                                                               |                                                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                   | STREET ADDRESS                                                                                                     |                                                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                   | CITY-ST-ZIP                                                                                                        |                                                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete   | TITLE                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   | NAME                                                                                                               |                                                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                   | STREET ADDRESS                                                                                                     |                                                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                   | 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)(f), 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   | 4.15.04 239.498.0711                                                                                               |                                                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   | Date                                                                                                               |                                                                   |
| EDWIN D. STACKHOUSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |                                                                                                                    |                                                                   |

66428480



04062004 Chg-NP CR2E037 (10/03)

Attachment 66428480

#NO 3000002734

**WRITTEN CONSENT OF THE DIRECTORS IN LIEU OF  
MEETING OF BOARD OF DIRECTORS, PURSUANT TO  
THE FLORIDA NOT-FOR-PROFIT CORPORATIONS ACT**

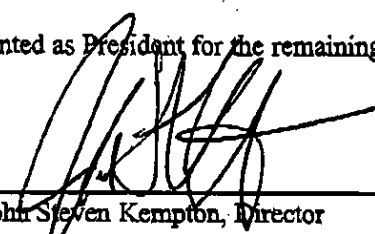
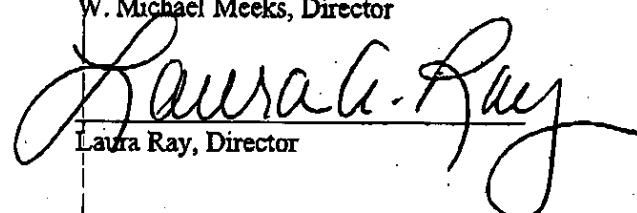
**SABAL POINTE AT COLONIAL RESIDENTS' ASSOCIATION, INC.**

The undersigned persons, being all of the Directors of the above-named corporation (herein called the "Corporation"), hereby take the following actions by written consent in lieu of a Board meeting pursuant to Section 617.0821 of the Florida Statutes:

**RESOLVED:**

1. That John Steven Kempton has resigned as President and his resignation is hereby accepted.
2. That Edwin D. Stackhouse is hereby appointed as President for the remaining term.

DATED: June 1, 2004

  
John Steven Kempton, Director  
W. Michael Meeks, Director  
Laura Ray, Director



## FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

May 11, 2004

SABAL POINTE AT COLONIAL RESIDENTS' ASSOCIATION, INC.  
9148 BONITA BCH RD., SUITE 102  
BONITA SPRINGS, FL 34135

Subject: SABAL POINTE AT COLONIAL RESIDENTS' ASSOCIATION, INC.

Reference Number: N03000002734

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report has not been filed and a copy is being returned for the following correction(s):

The person that signed the annual report/uniform business report is not listed as a current officer/director of the corporation. The person signing must be listed as a current officer/director on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION