

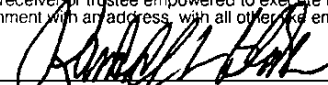


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90421 012 ****61.25

DOCUMENT # N99000002624 1. Entity Name SABAL BEND AT WATERFORD HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 5401 S. KIRKMAN RD. #450 ORLANDO, FL 32819 US			Mailing Address 5401 S. KIRKMAN RD. #450 475 ORLANDO, FL 32819 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		40076700 	
City & State		City & State		02202006 Chg-NP CR2E037 (11/05)	
Zip Country		Zip Country		4. FEI Number 59-3643947	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent COMMUNITY MGMT. PROF. INC. 5401 S. KIRKMAN RD. #450 ORLANDO, FL 32819				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	DP BLACK, RANDY 614 CANARY ISLAND CT ORLANDO, FL 32828	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP Matthew Braz 464 Canary Island Ct. Orlando FL 32828
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT PLUMLEE, RICHARD 460 CANARY ISLAND CT. ORLANDO, FL 32828	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS Antonio Marrone 449 Canary Island Ct. Orlando FL 32828
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP D LOBEN, LORAIN 14025 KING SAGO CT. ORLANDO, FL 32828	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS P UGO, KIET 621 CANARY ISLAND CT. ORLANDO, FL 32828	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WISER, FRANK 625 CANARY ISLAND CT ORLANDO, FL 32828	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 fees empowered.					
SIGNATURE:  RANDALL L. BLACK 4/21/06 407-468-8449 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					