

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90082 006 ****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**



04272007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3643947

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**COMMUNITY MGMT. PROF. INC.
5401 S. KIRKMAN RD. #450
ORLANDO, FL 32819**

**DO NOT WRITE
IN THIS SPACE**

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BLACK, RANDY 614 CANARY ISLAND CT ORLANDO, FL 32828
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT PLUMLEE, RICHARD 460 CANARY ISLAND CT. ORLANDO, FL 32828
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LOBEN, LORAINÉ 14025 KING SAGO CT. ORLANDO, FL 32828
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D UGO, KIET 621 CANARY ISLAND CT. ORLANDO, FL 32828
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WISER, FRANK 625 CANARY ISLAND CT ORLANDO, FL 32828
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP BRAZ, MATTHEW 494 CANARY ISLAND COURT ORLANDO, FL 32828

**DO NOT WRITE
IN THIS SPACE**

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 # _____