


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2008 8:00 am**  
**Secretary of State**

03-18-2008 90011 024 \*\*\*\*61.25

<b>DOCUMENT # N99000002624</b>		
1. Entity Name <b>SABAL BEND AT WATERFORD HOMEOWNERS ASSOCIATION, INC.</b>		

Principal Place of Business <b>3906 WOODGLADE COVE WINTER PARK, FL 32792 YY</b>	Mailing Address <b>3906 WOODGLADE COVE WINTER PARK, FL 32792 YY</b>
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40047827



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03042008 Chg-NP CR2E037 (12/06)

City & State	City & State
Zip	Country

4. FEI Number <b>59-3643947</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent	
<b>MANAGEMENT SCIENCES, INC. 3906 WOODGLADE COVE WINTER PARK, FL 32792</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	<b>BLACK, RANDY</b>
STREET ADDRESS	<b>614 CANARY ISLAND CT</b>
CITY-ST-ZIP	<b>ORLANDO, FL 32828</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>PLUMLEE, RICHARD</b>
STREET ADDRESS	<b>460 CANARY ISLAND CT.</b>
CITY-ST-ZIP	<b>ORLANDO, FL 32828</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>LOBEN, LORAIN</b>
STREET ADDRESS	<b>14025 KING SAGO CT.</b>
CITY-ST-ZIP	<b>ORLANDO, FL 32828</b>
TITLE	<input checked="" type="checkbox"/> Delete
NAME	<b>UGO, KIET</b>
STREET ADDRESS	<b>621 CANARY ISLAND CT.</b>
CITY-ST-ZIP	<b>ORLANDO, FL 32828</b>
TITLE	<input checked="" type="checkbox"/> Delete
NAME	<b>WISER, FRANK</b>
STREET ADDRESS	<b>625 CANARY ISLAND CT</b>
CITY-ST-ZIP	<b>ORLANDO, FL 32828</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>BRAZ, MATTHEW</b>
STREET ADDRESS	<b>494 CANARY ISLAND COURT</b>
CITY-ST-ZIP	<b>ORLANDO, FL 32828</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DVP</b>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DP</b>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DS Leslie Mayberry</b>
STREET ADDRESS	<b>602 Canary Island Court</b>
CITY-ST-ZIP	<b>Orlando, FL 32828</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D Fred Surrency</b>
STREET ADDRESS	<b>610 Canary Island Court</b>
CITY-ST-ZIP	<b>Orlando, FL 32828</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DT</b>
STREET ADDRESS	
CITY-ST-ZIP	

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:** Richard A. Plumber **13 March 08 407-380-4312**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #