

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9900000529

FILED
Apr 17, 2008
Secretary of State

Entity Name: SABAL ISLES AT WATERFORD HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1600 WEST COLONIAL DRIVE
ORLANDO, FL 32804 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 531010
ORLANDO, FL 328531010 US

New Mailing Address:

1600 WEST COLONIAL DRIVE
ORLANDO, FL 32804 US

FEI Number: 59-2542930

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACK, HANSON
1600 WEST COLONIAL DRIVE
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

HANSON, JACK
1600 WEST COLONIAL DRIVE
ORLANDO, FL 32804 US

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.

SIGNATURE: JACK HANSON

04/17/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HAMBERG, TOM
Address: 12355 SHADOWBROOK LANE
City-St-Zip: ORLANDO, FL 32828 US

Title: D () Delete
Name: MOFFA, STEVEN
Address: 12230 SHADOWBROOK LANE
City-St-Zip: ORLANDO, FL 32828 US

Title: D () Delete
Name: WALKER, BRIAN
Address: 12326 SHADOWBROOK LANE
City-St-Zip: ORLANDO, FL 32828

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FISHER, TOM
Address: 12050 SHADOWBROOK LANE
City-St-Zip: ORLANDO, FL 32828 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM FISHER

D

04/17/2008

Electronic Signature of Signing Officer or Director

Date