

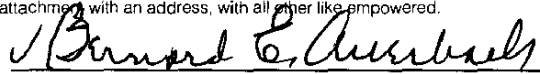


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90391 015 \*\*\*\*61.25

<b>DOCUMENT # 743965</b> 1. Entity Name <b>SABAL LAKES PROPERTY OWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>123 WINTERSONG LN                  SUN CITY CENTER, FL 33573 US</b>			Mailing Address <b>123 WINTERSONG LN                  SUN CITY CENTER, FL 33573 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		02272004 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number <b>59-1880342</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/>	
6. Name and Address of Current Registered Agent  <b>ELLER, CONNIE                  1006 BLUEWATER DR                  SUN CITY CENTER, FL 33573</b>		7. Name and Address of New Registered Agent Name <b>Wilson, Lou Ellen</b> Street Address (P.O. Box Numbers Not Acceptable) <b>409 E. College Ave</b> City <b>Ruskin</b> FL <b>33575</b>			
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					
<b>Filing Fee is \$61.25                  Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
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	P ELLER, CONNIE 1006 BLUEWATER DR SUN CITY CENTER, FL 33573	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. Dickensfield, Percy 1010 Bluewater Dr Sun City Center FL 33573	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DITMORE, JANET 912 BLUEWATER DR SUN CITY CENTER, FL 33573	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Clinefelter, Verlee 814 Bluewater Dr. Sun City Center FL 33573	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GILSON, BERNARD 203 CACTUS FLOWER LANE SUN CITY CENTER, FL 33573	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Marchbanks, Allison 901 Bluewater Dr Sun City Center FL 33573	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMERBACH, BERNARD 1020 BLUEWATER DR SUN CITY CENTER, FL 33573	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Auerbach, Bernard 1020 Bluewater Dr Sun City Center FL 33573	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEBBER, FRAN 1024 BLUEWATER DR SUN CITY CENTER, FL 33573	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Kurtz, David 1020 Yellowbird Sun City Center FL 33573	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #					

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