

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90073 002 \*\*\*\*61.25

**DOCUMENT # 743965**

1. Entity Name

**SABAL LAKES PROPERTY OWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

123 WINTERSONG LN  
 SUN CITY CENTER FL 33573  
 US

123 WINTERSONG LN  
 SUN CITY CENTER FL 33573-6238  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1880342**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GELDER, CARROLL VAN**  
**123 WINTERSONG LN**  
**SUN CITY CENTER FL 33573**

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.

SIGNATURE

*Carroll Van Gelder, Treasurer*

*4-21-2000*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

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

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD  
 NAME: CLIAEFELTER, JAMES  Delete  
 STREET ADDRESS: 814 BLUE WATER DR  
 CITY-ST-ZIP: SUN CITY CENTER FL 33573

TITLE: *President*  
 NAME: CLINEFELTER, JAMES  Change  Addition  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: VP  Delete  
 NAME: KNACKMUHS, GLEN  
 STREET ADDRESS: 901 BLUEWATER DRIVE  
 CITY-ST-ZIP: SUN CITY CENTER FL 33573

TITLE: *Secretary*  
 NAME: *Connie Eiler*  Change  Addition  
 STREET ADDRESS: *1006 Bluewater Dr.*  
 CITY-ST-ZIP: *Sun City Center, FL 33573*

TITLE: D  Delete  
 NAME: MCJUNKIN, JAMES  
 STREET ADDRESS: 207 CACTUS FLOWER LANE  
 CITY-ST-ZIP: SUN CITY CENTER FL 33573

TITLE: *Director*  
 NAME: *Leonard Acosta*  Change  Addition  
 STREET ADDRESS: *806 Blue water Dr.*  
 CITY-ST-ZIP: *Sun City Center, FL 33573*

TITLE: DT  Delete  
 NAME: CARROLL, VAN GELDER  
 STREET ADDRESS: 123 WINTER SONG LN  
 CITY-ST-ZIP: SUN CITY CENTER FL 33573

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: DS  Delete  
 NAME: BENDITT, ANNA RUTH  
 STREET ADDRESS: 1029 BLUEWATER DRIVE  
 CITY-ST-ZIP: SUN CITY CENTER FL 33573

TITLE: *Director*  
 NAME: *Richard Dickenshied*  Change  Addition  
 STREET ADDRESS: *1010 Bluewater Dr.*  
 CITY-ST-ZIP: *Sun City Center, FL 33573*

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

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:

*Carroll Van Gelder, Treasurer*

*4-21-2000*

*813-634-4157*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)