

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90014 017 ****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
 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



DO NOT WRITE IN THIS SPACE

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

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	P	<input checked="" type="checkbox"/> Delete
NAME	CLINEFELTER, JAMES	
STREET ADDRESS	814 BLUE WATER DR	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	S	<input type="checkbox"/> Delete
NAME	ELLER, CONNIE	
STREET ADDRESS	1006 BLUEWATER DR	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	D	<input type="checkbox"/> Delete
NAME	ACOSTA, LEONARD	
STREET ADDRESS	806 BLUEWATER DR	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	DT	<input type="checkbox"/> Delete
NAME	CARROLL, VAN GELDER	
STREET ADDRESS	123 WINTER SONG LN	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	D	<input type="checkbox"/> Delete
NAME	DICKENSHIED, RICHARD	
STREET ADDRESS	1010 BLUEWATER DR	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Clarke, Cornell	
STREET ADDRESS	1005 Strawpocket Pl	
CITY-ST-ZIP	Sun City Center FL 33573	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Van Gelder, Carroll	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-2001 813-634-4157
 Date Daytime Phone #

CR2E037 (10/00)