

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 11, 2002 8:00 am**  
**Secretary of State**

03-11-2002 90087 014 \*\*\*\*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

4. FEI Number

**59-1880342**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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  Delete  
 NAME **P CORNELL, CLARK**  
 STREET ADDRESS **1005 STRAWPOCKET PL**  
 CITY-ST-ZIP **SUN CITY CENTER FL 33573**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **S ELLER, CONNIE**  
 STREET ADDRESS **1006 BLUEWATER DR**  
 CITY-ST-ZIP **SUN CITY CENTER FL 33573**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D ACOSTA, LEONARD**  
 STREET ADDRESS **806 BLUEWATER DR**  
 CITY-ST-ZIP **SUN CITY CENTER FL 33573**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D DICKENSHIED, RICHARD**  
 STREET ADDRESS **1010 BLUEWATER DR**  
 CITY-ST-ZIP **SUN CITY CENTER FL 33573**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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* **Carroll Van Gelder** 3/26/2002 813-634-4157

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)