


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 18, 2003 8:00 am
Secretary of State

04-23-2003 90085 016 ****61.25

DOCUMENT # 743965

1. Entity Name
SABAL LAKES PROPERTY OWNERS' ASSOCIATION, INC.



55048913

Principal Place of Business
**123 WINTERSONG LN
SUN CITY CENTER FL 33573
US**

Mailing Address
**123 WINTERSONG LN
SUN CITY CENTER FL 33573
US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

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

7. Name and Address of New Registered Agent
Name **CONNIE ELLER**
Street Address (P.O. Box Number is Not Acceptable)
1006 BLUEWATER DR.
City **SUN CITY CENTER FL** Zip Code **33573**

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 *Connie M. Eller* DATE **5-28-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CORNELL, CLARK	
STREET ADDRESS	1005 STRAWPOCKET PL	
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	VAN GELDER, CARROLL	
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNIE ELLER	
STREET ADDRESS	1006 BLUEWATER DR.	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANET DITMORE	
STREET ADDRESS	912 BLUEWATER DR	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNARD GILSON	
STREET ADDRESS	203 CACTUS FLOWER LANE	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN BENJAMIN	
STREET ADDRESS	201 MEADOW VISTA LANE	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNARD AUERBACH	
STREET ADDRESS	1020 BLUEWATER DR.	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAN BEBBER	
STREET ADDRESS	1024 BLUEWATER DR.	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	

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: *Bernard Gilson* DATE: **4.20.03** DAYTIME PHONE #: **813.633.0102**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)