

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90202 006 ****61.25

DOCUMENT # N00000006326

1. Entity Name

SABAL BEND HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3838 S. FLORIDA AVENUE
 LAKELAND FL 33813

3838 S. FLORIDA AVENUE
 LAKELAND FL 33813

2. Principal Place of Business

3. Mailing Address

4110 S. Florida Ave

Suite, Apt. #, etc.

Suite 200

City & State

Lakeland FL

Zip

33813

Country

USA ~~FLA~~

Suite, Apt. #, etc.

← Same

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3690330

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

ADAMS, ROBERT J
 3838 S. FLORIDA AVENUE
 LAKELAND FL 33813

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	ADAMS, D. JOEL	3838 S. FLORIDA AVENUE	LAKELAND FL 33813	<input type="checkbox"/>
VD	ADAMS, ROBERT J	3838 S. FLORIDA AVENUE	LAKELAND FL 33813	<input type="checkbox"/>
STD	WALSH, BRIAN	3838 S. FLORIDA AVENUE	LAKELAND FL 33813	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/01 (863) 619-7103

Date

Daytime Phone #

CR2E037 (10/00)