

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

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90166 029 \*\*\*\*70.00

DOCUMENT # **N00000006326**

1. Entity Name  
**SABAL BEND HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**1110 FLORIDA AVE SUITE 200 LAKELAND FL 33813**  
**4110 FLORIDA AVE SUITE 200 LAKELAND FL 33813**

2. Principal Place of Business **3013 Sabal Bend** N.E. DRIVE  
 3. Mailing Address **3013 Sabal Bend** N.E. DRIVE  
 Suite, Apt. #, etc. Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State **Winter Haven, FL** City & State **Winter Haven, FL**  
 Zip **33881** Country **USA** Zip **33881** Country **USA**

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  
**ADAMS, ROBERT J**  
**4110 FLORIDA AVE STE 200**  
**LAKELAND FL 33813**

7. Name and Address of New Registered Agent  
 Name **James W. Reed**  
 Street Address (P.O. Box Number is Not Acceptable) **3013 Sabal Bend Drive, N.E.**  
 City **Winter Haven** FL Zip Code **33881**

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 **Robert J. Adams** 1/24/03  
 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 Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ADAMS, D. JOEL 4110 FLORIDA AVE STE 200 LAKELAND FL 33813 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ADAMS, ROBERT J 4110 FLORIDA AVE STE 200 LAKELAND FL 33813 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WALSH, BRIAN 4110 FLORIDA AVE STE 200 LAKELAND FL 33813 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition James Reed 3013 Sabal Bend Drive N.E. Winter Haven, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Chester Miller 3010 Sabal Bend Drive N.E. Winter Haven, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MATTHEW POLLAK D 800 Sago Court N.E. Winter Haven, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B.M.T. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Sharon Whitehead 3604 Pindo Court N.E. Winter Haven, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B.M.T. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition William Scorpio 3036 Sabal Bend Drive N.E. Winter Haven, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **JAMES W. REED** 2-28-03 (863) 293-3367  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (10/02)