


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 03, 2004 8:00 am**  
**Secretary of State**

03-03-2004 90014 034 \*\*\*\*70.00

<b>DOCUMENT # N00000006326</b>		
1. Entity Name <b>SABAL BEND HOMEOWNERS ASSOCIATION, INC.</b>		
Principal Place of Business <b>3013 SABAL BEND DR NE WINTER HAVEN FL 33881</b>		Mailing Address <b>3013 SABAL BEND DR NE SUITE 200 WINTER HAVEN FL 33881</b>
2. Principal Place of Business <b>3008 Sabal Bend Dr.</b>		3. Mailing Address <b>3008 Sabal Bend Dr.</b>
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State <b>Winter Haven, FL</b>		City & State <b>Winter Haven FL</b>
Zip <b>33881</b>	Country	Zip <b>33881</b>
Country		Country



MOORE CR2E037 (11/03)

4. FEI Number <b>59-3690330</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>REED, JAMES W 3013 SABAL BEND DR NE WINTER HAVEN FL 33881</b>		7. Name and Address of New Registered Agent
		Name <b>Anthony Rodriguez</b>
		Street Address (P.O. Box Number is Not Acceptable) <b>3008 Sabal Bend Dr.</b>
		City <b>Winter Haven</b> <b>FL</b> Zip Code <b>33881</b>

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: *Anthony Rodriguez* DATE: **2-24-04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
--	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	REED, JANUS <input checked="" type="checkbox"/> Delete	TITLE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REED, JANUS	NAME	Anthony Rodriguez
STREET ADDRESS	3013 SABAL BLVD DR NE	STREET ADDRESS	3008 Sabal Bend Drive
CITY-ST-ZIP	WINTER HAVEN FL 33881	CITY-ST-ZIP	Winter Haven FL 33881
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, CHESTER	NAME	
STREET ADDRESS	3010 SABAL DENEL DR NE	STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33881	CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLLARD, MATTHEW	NAME	
STREET ADDRESS	3800 SLAGO CT NE	STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33881	CITY-ST-ZIP	
TITLE	BMT <input checked="" type="checkbox"/> Delete	TITLE	Dana Pollard <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITEHEAD, SHARON	NAME	Board member
STREET ADDRESS	3604 PINDO CT NE	STREET ADDRESS	3033 Sabal Bend Dr.
CITY-ST-ZIP	WINTER HAVEN FL 33881	CITY-ST-ZIP	Winter Haven FL 33881
TITLE	BMT <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCORPIO, WILLIAM	NAME	
STREET ADDRESS	3036 SABAL BEND DR NE	STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33881	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Anthony Rodriguez* DATE: **2-24-04** DAYTIME PHONE: **863-291-3150**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR