


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2005 8:00 am
Secretary of State

09-08-2005 90070 041 ****61.25

DOCUMENT # N00000006326					
1. Entity Name SABAL BEND HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 3008 SABAL BEND DR WINTER HAVEN, FL 33881		Mailing Address 3008 SABAL BEND DR WINTER HAVEN, FL 33881		<p>3027 Sabal Bend Dr NE</p> <p>3027 Sabal Bend Dr NE</p>	
2. Principal Place of Business		3. Mailing Address		08222005 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3690330	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RODRIGUEZ, ANTHONY 3008 SABAL BEND DR. WINTER HAVEN, FL 33881			Name: <u>Barbara E. Henning</u> Street Address (P.O. Box Number is Not Acceptable): <u>3027 Sabal Bend Dr NE</u> City: <u>Winter Haven</u> FL Zip Code: <u>33881</u>		
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: <u>Barbara E. Henning</u> Signature, typed or printed name of registered agent and title if applicable.			DATE: <u>9/3/05</u> (NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODRIGUEZ, ANTHONY		NAME	Barbara E. Henning	
STREET ADDRESS	3008 SABAL BEND DR.		STREET ADDRESS	3027 Sabal Bend Dr NE	
CITY-ST-ZIP	WINTER HAVEN, FL 33881		CITY-ST-ZIP	Winter Haven, FL 33881	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	Board Member	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, CHESTER		NAME	Maria Celent	
STREET ADDRESS	3010 SABAL DENEL DR NE		STREET ADDRESS	3034 Sabal Bend Dr NE	
CITY-ST-ZIP	WINTER HAVEN, FL 33881		CITY-ST-ZIP	Winter Haven, FL 33881	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	STD	<input checked="" 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLLARD, DANA		NAME		
STREET ADDRESS	3032 SABAL BEND DR.		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		
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: <u>Barbara E. Henning</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE: <u>9/3/05</u> Daytime Phone #: <u>863-294-5661</u>		
<u>Barbara E. Henning</u>					