



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

9/6/2006-90035-047-\$61.25-\$61.25

DOCUMENT # N00000006326 1. Entity Name SABAL BEND HOMEOWNERS ASSOCIATION, INC.						FILED 06 OCT 17 AM 10:57 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 3027 SABAL BEND DRIVE NORTHEAST WINTER HAVEN FL 33881 US		Mailing Address 3027 SABAL BEND DRIVE NORTHEAST WINTER HAVEN FL 33881 US					
2. Principal Place of Business <i>Same as above</i>		3. Mailing Address <i>Same as above</i>					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 59-3690330		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		Zip		Country	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				2nd MOORE CR2E037 (4/06)			
6. Name and Address of Current Registered Agent HENNING, BARBARA E 3027 SABAL BEND DRIVE NORTHEAST WINTER HAVEN FL 33881				7. Name and Address of New Registered Agent Name <i>Same</i> 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE <i>Barbara E. Henning</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <i>9/21/06</i> <small>(NOTE: Registered Agent signature required when registering)</small>			
FILE NOW! FEE IS \$61.25 Due By September 6, 2006		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 NAME STREET ADDRESS CITY - ST - ZIP	T HENNING, BARBARA E 3027 SABAL BEND DRIVE NORTHEAST WINTER HAVEN FL 33881	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	BM CELEN, MARLA 3034 SABAL BEND DRIVE NORTHEAST WINTER HAVEN FL 33881	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	BM Juan Lopez / Moore 3011 Sabal Bend Winter Haven FL 33881	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>10/23</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	BM Cynthia Reed 3013 Sabal Bend Winter Haven, FL 33881	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	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 exemptions contained in Chapter 119, 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: <i>Barbara E. Henning</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <i>10/10/07</i>		PHONE # <i>863-294-5661</i>	