

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

03-14-2007 90036 043 \*\*\*\*61.25

**DOCUMENT # N00000006326**  
 1. Entity Name  
**SABAL BEND HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
 3027 SABAL BEND DRIVE NORTHEAST 3027 SABAL BEND DRIVE NORTHEAST  
 WINTER HAVEN FL 33881 WINTER HAVEN FL 33881  
 US US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State City & State  
 Zip Country Zip Country

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  
**HENNING, BARBARA E**  
**3027 SABAL BEND DRIVE NORTHEAST**  
**WINTER HAVEN FL 33881**

7. Name and Address of New Registered Agent  
 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. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE Barbara E. Henning 2/28/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature not valid when handwritten.)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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          | T                               | <input type="checkbox"/> Delete |
| NAME           | HENNING, BARBARA E              |                                 |
| STREET ADDRESS | 3027 SABAL BEND DRIVE NORTHEAST |                                 |
| CITY ST ZIP    | WINTER HAVEN FL 33881           |                                 |
| TITLE          | BM                              | <input type="checkbox"/> Delete |
| NAME           | CELEN, MARLA                    |                                 |
| STREET ADDRESS | 3034 SABAL BEND DRIVE NORTHEAST |                                 |
| CITY ST ZIP    | WINTER HAVEN FL 33881           |                                 |
| TITLE          | BM                              | <input type="checkbox"/> Delete |
| NAME           | LOPEZ/IGOORE, JUAN              |                                 |
| STREET ADDRESS | 3011 SABAL BEND                 |                                 |
| CITY ST ZIP    | WINTER HAVEN FL 33881           |                                 |
| TITLE          | BM                              | <input type="checkbox"/> Delete |
| NAME           | REED, CYNTHIA                   |                                 |
| STREET ADDRESS | 3013 SABAL BEND                 |                                 |
| CITY ST ZIP    | WINTER HAVEN FL 33881           |                                 |
| TITLE          | President                       | <input type="checkbox"/> Delete |
| NAME           | Dominguez Sabal Bend            |                                 |
| STREET ADDRESS | 3033                            |                                 |
| CITY ST ZIP    | WINTER HAVEN, FL 33881          |                                 |
| TITLE          | Bm                              | <input type="checkbox"/> Delete |
| NAME           | Jessica Hernandez               |                                 |
| STREET ADDRESS | 3008 Sabal Bend                 |                                 |
| CITY ST ZIP    | WINTER HAVEN, FL 33881          |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Barbara E. Henning 2/28/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #