

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Nov 24, 2008
Secretary of State**

DOCUMENT# N00000006326

Entity Name: SABAL BEND HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3027 SABAL BEND DRIVE NORTHEAST
WINTER HAVEN, FL 33881 US

New Principal Place of Business:

Current Mailing Address:

3027 SABAL BEND DRIVE NORTHEAST
WINTER HAVEN, FL 33881 US

New Mailing Address:

FEI Number: 59-3690330 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: BARBARA E, HENNING

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: HENNING, BARBARA E
Address: 3027 SABAL BEND DRIVE NORTHEAST
City-St-Zip: WINTER HAVEN, FL 33881

Title: BM () Delete
Name: CELEN, MARLA
Address: 3034 SABAL BEND DRIVE NORTHEAST
City-St-Zip: WINTER HAVEN, FL 33881

Title: BM () Delete
Name: LOPEZ/IGOORE, JUAN
Address: 3011 SABAL BEND
City-St-Zip: WINTER HAVEN, FL 33881

Title: BM () Delete
Name: REED, CYNTHIA
Address: 3013 SABAL BEND
City-St-Zip: WINTER HAVEN, FL 33881

Title: P () Delete
Name: PENA, DOMINUE
Address: 3033 SABAL BEND
City-St-Zip: WINTER HAVEN, FL 33881

Title: BM () Delete
Name: HERNANDEZ, JESSICA
Address: 3008 SABAL BEND
City-St-Zip: WINTER HAVEN, FL 33881

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA E. HENNING

Electronic Signature of Signing Officer or Director

MRS

11/24/2008

Date