
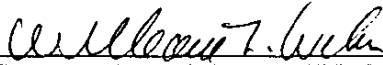
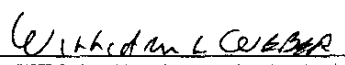
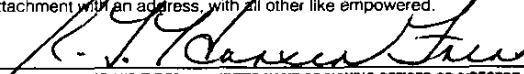


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90007 010 ****61.25

DOCUMENT # N00881			
1. Entity Name SABAL CREEK ASSOCIATION, INC.			
Principal Place of Business 9700 RESERVE BLVD PT. ST. LUCIE, FL 34986 US		Mailing Address 21045 COMMERCIAL TRAIL BOCA RATON, FL 33486 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1304 SW BAYSHORE BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State PORT ST LUCIE, FL	
Zip		Zip 34983	
Country		Country USA	
4. FEI Number 59-2765467		Applied For <input type="checkbox"/> Not Applicable	
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	
ISAACSON, WILLIAM K C/O LANG MANAGEMENT 21045 COMMERCIAL TRAIL BOCA RATON, FL 33486		Name WILLIAM L. WEBER	
		Street Address (P.O. Box Number is Not Acceptable) 90 BAYSHORE ASSOCIATION MANAGEMENT	
		1304 SW BAYSHORE BLVD	
		City PORT ST. LUCIE FL Zip Code 34983	
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 		SIGNATURE 	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
DATE 3-19-07		DATE	
Filing Fee is \$61.25 Due by May 1, 2007		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 type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBB, HORACE	NAME	
STREET ADDRESS	7825 SABAL LK DR	STREET ADDRESS	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34986	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANSEN, ROBERT	NAME	
STREET ADDRESS	7993 SADDLEBROOK DR	STREET ADDRESS	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34986	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, LORENZO	NAME	
STREET ADDRESS	7901 SADDLEBROOK DR	STREET ADDRESS	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34986	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	
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 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: 		Date 3/13/07 Daytime Phone # 772-812-1200	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	