


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90019 041 ****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
1304 BAYSHORE BLVD
PORT SAINT LUCIE, FL 34983 US

40048227



2. Principal Place of Business - No P.O. Box #
430 NW LAKE WHITNEY PL

3. Mailing Address
PO Box 880038

Suite, Apt. #, etc.

03072008 Chg-NP CR2E037 (12/06)

City & State
PORT ST LUCIE FL

City & State
PORT ST LUCIE FL

Zip
34986

Country
USA

Zip
34988-0038

Country
USA

4. FEI Number
59-2765467

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WEBER, WILLIAM L
C/O BAYSHORE ASSOCIATION MANAGEMENT
1304 SW BAYSHORE BLVD
PORT SAINT LUCIE, FL 34983

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

430 NW LAKE WHITNEY PLACE

City **PORT ST LUCIE** FL Zip Code **34986**

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008

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	P	<input type="checkbox"/> Delete
NAME	WEBB, HORACE	
STREET ADDRESS	7825 SABAL LK DR	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34986	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HANSEN, ROBERT	
STREET ADDRESS	7993 SADDLEBROOK DR	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34986	
TITLE	S	<input type="checkbox"/> Delete
NAME	WILLIAMS, LORENZO	
STREET ADDRESS	7901 SADDLEBROOK DR	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34986	
TITLE	T	<input type="checkbox"/> Delete
NAME	CHARLES BALCHUNAS	
STREET ADDRESS	7946 STEEPLECHASE COURT	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34986	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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: *Horace S. Webb* **3-13-08** **772 467-1711**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #