

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00881

**FILED  
Mar 01, 2019  
Secretary of State  
9028535322CC**

**Entity Name:** SABAL CREEK ASSOCIATION, INC.

**Current Principal Place of Business:**

459 NW PRIMA VISTA BLVD  
PORT SAINT LUCIE, FL 34983

**Current Mailing Address:**

% SIGNATURE PROPERTY MGMT  
459 NW PRIMA VISTA BLVD  
PORT SAINT LUCIE, FL 34983 US

**FEI Number:** 59-2765467

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WADSWORTH, CHRISTOPHER  
459 NW PRIMA VISTA BLVD  
PORT SAINT LUCIE, FL 34983 US

*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:** CHRISTOPHER WADSWORTH

03/01/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name WEBB, HORACE  
Address 459 NW PRIMA VISTA BLVD  
City-State-Zip: PORT SAINT LUCIE FL 34983

Title S  
Name NAPOLITANO, ANTHONY  
Address % SIGNATURE PROPERTY MGMT  
459 NW PRIMA VISTA BLVD  
City-State-Zip: PORT SAINT LUCIE FL 34983

Title DIRECTOR  
Name GUETTLER, KARL  
Address 459 NW PRIMA VISTA BLVD  
City-State-Zip: PORT SAINT LUCIE FL 34983

Title DIRECTOR  
Name WILLIAMS, LORENZEO  
Address 459 NW PRIMA VISTA BLVD  
City-State-Zip: PORT SAINT LUCIE FL 34983

*I hereby 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 all other like empowered.*

**SIGNATURE:** HORACE WEBB

**PRESIDENT**

03/01/2019

Electronic Signature of Signing Officer/Director Detail

Date