

FILE NOW: FILING FEE IS \$61.25

FILED

**May 20 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N00881** (5)
1. Corporation Name
SABAL CREEK ASSOCIATION, INC.



Principal Place of Business: **2160 RESERVE PARK TRACE PT. ST. LUCIE FL 34986 US**
Mailing Address: **2160 RESERVE PARK TRACE PT. ST. LUCIE FL 34986 US**

3. Date Incorporated or Qualified: **01/12/1984**
4. FEI Number: **59-2765467**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business
21 9700 Reserve Blvd.
22 Suite, Apt. #, etc.
23 City & State: **Port St. Lucie, FL**
24 Zip: **34986** 25 Country: **US**

2a. Mailing Address
26 9700 Reserve Blvd.
27 Suite, Apt. #, etc.
28 City & State: **Port St. Lucie, FL**
29 Zip: **34986** 30 Country: **US**

9. Name and Address of Current Registered Agent
**T. SCOTT WINGFIELD
2160 RESERVE PARK TRACE
PT. ST. LUCIE FL 34986**

10. Name and Address of New Registered Agent
81 Name: **John C. Csapo**
82 Street Address (P.O. Box Number is Not Acceptable): **9700 Reserve Blvd.**
83
84 City: **Port St. Lucie** 85 Zip Code: **FL 34986**

11. Pursuant to the provisions of Sections 617.050 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **4/28/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLCOMB, JOHN	1.2 NAME	Csapo, John C.
STREET ADDRESS	2160 RESERVE PARK TRACE	1.3 STREET ADDRESS	9700 Reserve Blvd.
CITY-ST-ZIP	PORT ST LUCIE FL	1.4 CITY-ST-ZIP	Port St. Lucie, FL 34986
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WINGFIELD, T SCOTT	2.2 NAME	Tompson, John R.
STREET ADDRESS	2160 RESERVE PARK TRACE	2.3 STREET ADDRESS	9700 Reserve Blvd.
CITY-ST-ZIP	PT. ST. LUCIE FL	2.4 CITY-ST-ZIP	Port St. Lucie, FL 34986
TITLE	VSTD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PERKINS, CHRISTINE	3.2 NAME	Daniel, Christie
STREET ADDRESS	2160 RESERVE PARK TRACE	3.3 STREET ADDRESS	9700 Reserve Blvd.
CITY-ST-ZIP	PT. ST. LUCIE FL	3.4 CITY-ST-ZIP	Port St. Lucie, FL 34986
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	D Robert Vail
STREET ADDRESS		5.3 STREET ADDRESS	9700 Reserve Blvd.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Port St. Lucie, FL 34986
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Csapo, John C.
1.3 STREET ADDRESS	9700 Reserve Blvd.
1.4 CITY-ST-ZIP	Port St. Lucie, FL 34986
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Tompson, John R.
2.3 STREET ADDRESS	9700 Reserve Blvd.
2.4 CITY-ST-ZIP	Port St. Lucie, FL 34986
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Daniel, Christie
3.3 STREET ADDRESS	9700 Reserve Blvd.
3.4 CITY-ST-ZIP	Port St. Lucie, FL 34986
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D Robert Vail
5.3 STREET ADDRESS	9700 Reserve Blvd.
5.4 CITY-ST-ZIP	Port St. Lucie, FL 34986
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **4/28/98**

CR2E037 (10/97)