

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2001 8:00 am**  
**Secretary of State**

03-27-2001 90013 041 \*\*\*\*70.00

**DOCUMENT # N00881**

1. Entity Name

**SABAL CREEK ASSOCIATION, INC.**

Principal Place of Business

9700 RESERVE BLVD  
 PT. ST. LUCIE FL 34986  
 US

Mailing Address

5295 TOWN CENTER ROAD  
 #200  
 BOCA RATON FL 33486  
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

21045 Commercial Trail

Suite, Apt. #, etc.

Boca Raton, FL

33486

USA



DO NOT WRITE IN THIS SPACE

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

CSAPO, JOHN C  
 9700 RESERVE BLVD  
 PT. ST. LUCIE FL 34986

7. Name and Address of New Registered Agent

Name: **William K. Isaacson**  
 Street Address (P.O. Box Number is Not Acceptable): **clo lang management**  
**21045 Commercial Trail**  
 City: **Boca Raton** FL Zip Code: **33486**

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.

SIGNATURE

03-27-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PDS	<input type="checkbox"/> Delete
NAME	CSAPO, JOHN C	
STREET ADDRESS	9700 RESERVE BLVD	
CITY-ST-ZIP	PORT ST LUCIE FL 34986	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TOMPSON, JOHN R	
STREET ADDRESS	9700 RESERVE BLVD	
CITY-ST-ZIP	PT. ST. LUCIE FL 34986	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	VAIL, ROBERT	
STREET ADDRESS	2160 RESERVE PARK TRACE	
CITY-ST-ZIP	PT ST LUCIE FL 33986	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		
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 exemption stated in Section 119.07(3)(i), 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:

**SIGNATURE REQUIRED**

2/22/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)