## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N93000002988

Entity Name: SABAL CREEK HOMEOWNERS ASSOCIATION, INC.

FILED Apr 12, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

1166 PELICAN BAY DR. 1166 PELICAN BAY DR.

SOUTH DAYTONA, FL 32119 US DAYTONA BEACH, FL 32119 US

Current Mailing Address: New Mailing Address:

1166 PELICAN BAY DR. 1166 PELICAN BAY DR.

SOUTH DAYTONA, FL 32119 US DAYTONA BEACH, FL 32119 US

FEI Number: 59-3200765 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

BARKIN, MICHELE
1166 PELICAN BAY DR.
BARKIN, MICHELE
1166 PELICAN BAY DR.

SOUTH DAYTONA, FL 32119 US DAYTONA BEACH, FL 32119 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: 04/12/2004

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Name:
 JENKINS, PHIL
 Name:
 GREEN, GAIL

 Address:
 6090 SABEL BROOK WAY
 Address:
 6093 SABEL BROOK WAY

 City-St-Zip:
 DAYTONA BEACH, FL 32124
 City-St-Zip:
 PORT ORANGE, FL 32128

Title: TD ( ) Delete Title: TD (X) Change ( ) Addition Name: ALTHOUSE, JOHN Name: KOCH, KAREN

Address: 6068 SABAL HAMMOCK Address: 6156 SABAL POINT CIRCLE
City-St-Zip: DAYTONA BEACH, FL 32124 City-St-Zip: PORT ORANGE, FL 32128

Title: SD () Delete Title: SD (X) Change () Addition Name: BAILEY, MAUREEN Name: DENNIS, SANDY

Address: 6049 SABAL POINT CIR. Address: 6176 SABAL POINT CIRCLE
City-St-Zip: PORT ORANGE, FL 32124 City-St-Zip: PORT ORANGE, FL 32128

( ) Delete Title: DVP Title: (X) Change ( ) Addition PAWLOWSKI, ANDY Name: KENT, RAY Name: 6145 SABAL POINT CIR. 6067 SABAL HAMMOCK CIRCLE Address: Address: City-St-Zip: DAYTONA BEACH, FL 32124 City-St-Zip: PORT ORANGE, FL 32128

Title: D (X) Delete Title: ( ) Change ( ) Addition

 Name:
 HOPKINS, SUSAN
 Name:

 Address:
 6095 SABAL CREEK BLVD.
 Address:

 City-St-Zip:
 PORT ORANGE, FL 32124
 City-St-Zip:

Title: D (X) Delete Title: ( ) Change ( ) Addition

 Name:
 FISHER, JIM
 Name:

 Address:
 3925 SOUTH NOVA ROAD SUITE 4
 Address:

 City-St-Zip:
 DAYTONA BEACH, FL 32127
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: GAIL GREEN PD 04/12/2004