


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90074 022 \*\*\*\*61.25

<b>DOCUMENT # N93000002988</b>			
1. Entity Name <b>SABAL CREEK HOMEOWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>1166 PELICAN BAY DR. DAYTONA BEACH, FL 32119 US</b>		Mailing Address <b>1166 PELICAN BAY DR. DAYTONA BEACH, FL 32119 US</b>	
2. Principal Place of Business - No P.O. Box # <b>1190 PELICAN BAY DR.</b>		3. Mailing Address <b>1190 PELICAN BAY DR.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>DAYTONA BEACH, FL.</b>		City & State <b>DAYTONA BEACH, FL.</b>	
Zip <b>32119</b>	Country	Zip <b>32119</b>	Country
6. Name and Address of Current Registered Agent <b>BARKIN, MICHELE 1166 PELICAN BAY DR. DAYTONA BEACH, FL 32119</b>		7. Name and Address of New Registered Agent Name <b>SAME NEW ADDRESS ONLY</b> Street Address (P.O. Box Number is Not Acceptable) <b>(NEW ADDR)</b> <b>1190 PELICAN BAY DRIVE</b> City <b>DAYTONA BEACH, FL</b> Zip Code <b>32119</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$81.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD NORTON, MITCH 6098 SABAL HAMMOCK CIR PORT ORANGE, FL 32128</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD MARANCHICK, KELLY 6103 SABAL HAMMOCK CIR. PORT ORANGE, FL 32128</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD FAGARAGAN, JOHN 6104 SABAL HAMMOCK C PORT ORANGE, FL 32128</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>GAIL GREEN 6093 SABAL BROOKWAY PORT ORANGE, FL 32128</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRE</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>NEIL J. RIDOUT 6190 SABAL POINT CIRCLE PORT ORANGE, FL 32128</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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4. FEI Number **59-3200765** Applied For  Not Applicable

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

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  
*Signature of M. Norton*