

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002988

FILED
Mar 05, 2009
Secretary of State

Entity Name: SABAL CREEK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1190 PELICAN BAY DR
DAYTONA BEACH, FL 32119 US

New Principal Place of Business:

Current Mailing Address:

1190 PELICAN BAY DR
DAYTONA BEACH, FL 32119 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

BARKIN, MICHELE
1190 PELICAN BAY DR.
DAYTONA BEACH, FL 32119 US

Name and Address of New Registered Agent:

FAGARAGAN, JOHN
6104 SABAL HAMMOCK CIR.
PORT ORANGE, FL 32128 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: JOHN FAGARAGAN

03/05/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: OSBORNE, JOHN
Address: 6170 SABAL POINT CIRCLE
City-St-Zip: PORT ORANGE, FL 32128

Title: SD () Delete
Name: MARANCHICK, KELLY
Address: 6103 SABAL HAMMOCK CIR.
City-St-Zip: PORT ORANGE, FL 32128

Title: PD () Delete
Name: FAGARAGAN, JOHN
Address: 6104 SABAL HAMMOCK C
City-St-Zip: PORT ORANGE, FL 32128

Title: TD () Delete
Name: GREEN, GAIL
Address: 6093 SABAL BROOK WAY
City-St-Zip: PORT ORANGE, FL 32128

Title: DVP () Delete
Name: RIDOUT, NEIL J
Address: 6190 SABAL POINT CIRCLE
City-St-Zip: PORT ORANGE, FL 32128

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SMITH, IDA
Address: 6104 SABAL POINT CIRCLE
City-St-Zip: PORT ORANGE, FL 32128

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JOHN FAGARAGAN

DP

03/05/2009

Electronic Signature of Signing Officer or Director

Date