

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N93000002988 (4)**

1. Corporation Name

SABAL CREEK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

3921 SOUTH NOVA RD.
PORT ORANGE FL 32127

3921 SOUTH NOVA RD.
PORT ORANGE FL 32127

3. Date Incorporated or Qualified
07/06/1993

3a. Date of Last Report
05/30/1995

2. Principal Place of Business

2a. Mailing Address

21 952-B BIG TREE ROAD

26 P.O. BOX 4578

4. FEI Number
59-3200765

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 SOUTH DAYTONA, FL

28 SOUTH DAYTONA, FL

Zip

Country

Zip

Country

24 32119

25 USA

29 32121

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SLIGER, GUS A
3921 SOUTH NOVA RD.
PORT ORANGE FL 32127

81 Name
BLEDSON, JAMES R.

82 Street Address (P.O. Box Number is Not Acceptable)
952-B BIG TREE ROAD

84 City
SOUTH DAYTONA

85 FL

Zip Code
32119

11. Pursuant to the provisions of Sections 617.0502 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

James R. Bledsoe
Signature, typed or printed name of registered agent and file if applicable.

James R. Bledsoe, President

3-6-96

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	SLIGER, GUS A	
STREET ADDRESS	3921 SOUTH NOVA RD.	
CITY - ST - ZIP	PORT ORANGE FL 32127	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSON, JERRY	
STREET ADDRESS	P OBOX 291338	
CITY - ST - ZIP	PORT ORANGE FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	BLEDSON, JAMES R	
STREET ADDRESS	952-B BIG TREE RD	
CITY - ST - ZIP	SOUTH DAYTONA FL	
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		

1.1 TITLE	Director, President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Bledsoe, James R.	
1.3 STREET ADDRESS	952-B Big Tree Road	
1.4 CITY - ST - ZIP	South Daytona, FL 32119	
2.1 TITLE	Director, VP, Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Bledsoe, Lore L.	
2.3 STREET ADDRESS	952-B Big Tree Road	
2.4 CITY - ST - ZIP	South Daytona, FL 32119	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
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 type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

James R. Bledsoe
Signature and typed or printed name of signing officer or director

3-6-96

904-761-6111

Date

Daytime Phone #

CR2E037 (12/95)