

**2014 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N93000002988

**Entity Name:** SABAL CREEK HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Nov 16, 2014**  
**Secretary of State**  
**CC9867564465**

**Current Principal Place of Business:**

927 BEVILLE ROAD  
SUITE 3  
S. DAYTONA, FL 32119

**Current Mailing Address:**

927 BEVILLE ROAD  
SUITE 3  
S. DAYTONA, FL 32119 US

**FEI Number: 59-3200765**

**Certificate of Status Desired: No**

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

DAYTONA REALTY AND PROPERTY MANAGEMENT, LLC  
927 BEVILLE ROAD  
SUITE 3  
S. DAYTONA, 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: MARYKE GUILD**

**11/16/2014**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR, SECRETARY  
Name SMITH, IDA  
Address 6104 SABAL POINT CIRCLE  
City-State-Zip: PORT ORANGE FL 32128

Title VP  
Name MARTIN, JAMES  
Address 6097 SABAL BROOK WAY  
City-State-Zip: PORT ORANGE FL 32128

Title PD  
Name FAGARAGAN, JOHN  
Address 6104 SABAL HAMMOCK C  
City-State-Zip: PORT ORANGE FL 32128

Title DIRECTOR  
Name HARRAKA, PETER  
Address 927 BEVILLE ROAD  
SUITE 3  
City-State-Zip: S. DAYTONA FL 32119

Title ASST. TREASURER  
Name CLIFTON, ROBERT  
Address 927 BEVILLE ROAD  
SUITE 3  
City-State-Zip: S. DAYTONA FL 32119

*I hereby 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 all other like empowered.*

**SIGNATURE: PETER HARRAKA**

**DIRECTOR**

**11/16/2014**

Electronic Signature of Signing Officer/Director Detail

Date