FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 26, 1999 8:00 am Secretary of State
04-26-1999 90056 019 ****61.25

1999

DOCUMENT # N93000002988

1. Corporation Name

SABAL CREEK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 952-B BIG TREE ROAD SOUTH DAYTONA FL 32119 Mailing Address

P.O. BOX 214578 SOUTH DAYTONA FL 32121-4578

US



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2. Principal Place of Business			2a. Mailing Address				3. Date Incorporated or Qualifed 07/06/1993					
Suite, Apt.	#. etc.	20	Suite, Apt. #, etc.				4.	FEI Number			Арр	ied For
12	.,	27						59-3200765			Not	Applicable
City & State	9	28	City & State				5.	Certifcate of Status Desired			75 Ace Req	ditional uired
Zip	Country		Zip	Countr	y		6.	Election Campaign Financing	П	\$5	.00 A	lay Be
	25 29 30						Trust Fund Contribution				Added to Fees	
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent						
				81		lame						
BLEDSOE, JAMES R.					82 Street Address (P.O. Box Number is Not Acceptable)							
952-B BIG TREE ROAD					Street Address (1.5. Box Hambor is Not Acceptable)							
SOUTH DAYTONA FL 32119				83	83							
,				84	1 0	City			FL	85	Zip C	ode
office or t	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Flori	da. Such change was auth	iorized bi	/ the	amed corporation	ration n's bo	n submits this statement for the pard of directors. I hereby acce	pt the appoir	changir itment	ng its r as reg	egistered stered
SIGNATORE	Signature, typed or printed name of registered agent a	and title	if applicable. (NOTE: Re	*	nt sig	nature required v			DATE	0.00	OTOP	0.101.40
12.	OFFICERS AND	DIRE		13.			- 1	ADDITIONS/CHANGES TO OF	FICERS AN			Addition
TITLE	DP		☐ DELÉTÉ	1.1 TITLE						☐ Cha	ange	☐ Addition
NAME	BLEDSOE, JAMES R.			1.2 NAME								
STREET ADDRESS	952-B BIG TREE ROAD			1.3 STREE	ET ADI	DRESS						
CITY-ST-ZIP	SOUTH DAYTONA FL			1.4 CITY-		P						C Addition
TITLE	-D		☐ DELETE	2.1 T∏LE						Cha	inge	☐ Addition
NAME	JOHNSON, JERRY			2.2 NAME		1						,
STREET ADDRESS				2.3 STRE	ET AD	DRESS						
CITY-ST-ZIP	PORT ORANGE FL			2. 4 CITY	-	IP				TI Ch		Addition
TITLE	DST	•	□ DELETE	3.1 TITLE		1 2	-			Ch:	ange	☐ Addition
NAME	BLEDSOE, JAMES R		•	3.2 NAME								
STREET ADDRESS				3.3 STRE	ET AD	DRESS						
CITY-ST-ZIP	SOUTH DAYTONA FL			3.4. CITY-		IP .		<u> </u>		☐ Ch		Addition
TITLE	DVPS		☐ DELETE	4,1 TITLE							ange	Modified)
NAME	BLEDSOE, LORE L.			4, 2 NAME	=			•				
STREET ADDRESS				4.3 STRE	ET AD	DRESS		•	• .			
CITY-ST-ZIP	SOUTH DAYTONA FL.		···	4.4 CITY-	ST-ZI	P						C Addison
TITLE	11/20		DELETÉ	5.1 TITLE				AT, 1,	. ,	. □ Ch	ange	Addition
NAME	V./6 4/	-		5.2 NAME	-			gen many				-
STREET ADDRESS			•	5.3 STRE		1						
CITY-ST-ZIP		-,		5.4 CITY-	_	P 1		· · · · · · · · · · · · · · · · · · ·				□ Addition
TITLE			DELETE	6.1 TTLE			• •	** * *** * ***		☐ Ch	ange	Addition
NAME		1	,	6.2 NAME								•
STREET ADDRESS	141191-			6.3 STRE	ET AD	DRESS						
				64 CITY-	ST. 71	p						

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of or an attachment with an address, with all other like empowered.

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-0-99

904-761-6111

Davtime Phone #

CR2F037 (11/98)