

02-07-2003 90069 031 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

2/

DOCUMENT # N98000006201

1. Entity Name
SABAL CHASE PROPERTY OWNERS, INC.



Principal Place of Business
**4512 PINE CONE PLACE
 COCOA FL 32926**

Mailing Address
**4512 PINE CONE PLACE
 COCOA FL 32926**

2. Principal Place of Business
175 SONYA DRIVE

3. Mailing Address
175 SONYA DRIVE

Suite, Apt. #, etc.

City & State
COCOA, FLORIDA

City & State
COCOA, FLORIDA

Zip
32926

Country
U.S.A.

4. FEI Number **59-3655169**

Applied For
 Not Applicable

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

00010622



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**WILLEKE, ROBERT N JR
 4512 PINE CONE PLACE
 COCOA FL 32926**

7. Name and Address of New Registered Agent

Name **DENISE R. CARR**

Street Address (P.O. Box Number is Not Acceptable)
175 SONYA DRIVE

City **COCOA** FL Zip Code **32926**

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 **DENISE R. CARR** **TREASURER** **1-30-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLEKE, ROBERT N JR 4512 PINE CONE PLACE COCOA FL 32926	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLEKE, JUDY ROCKWELL 4512 PINE CONE PLACE COCOA FL 32926	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FREDLAND, MARGARET 235 EYRE AVENUE MERRITT ISLAND FL 32953	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MARK WAGNER 620 SUNSET LAKES DRIVE MERRITT ISLAND, FL.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER DENISE R. CARR 175 SONYA DRIVE COCOA, FL 32926	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY SONYA D. HERNANDEZ 175 SONYA DRIVE COCOA, FL 32926	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: **DENISE R. CARR** **1-30-03** **(321)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)