FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 10:43

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **713846** **(4)**

1. Corporation Name
SABAL PALM GARDENS, INC.

Principal Place of Business	Mailing Address
WESTMINSTER ROAD AND BROAD STREET LEHIGH ACRES FL 33936 US	P. O. BOX 145 LEHIGH ACRES FL 33970-0145 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/27/1967
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-1286627 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 WESTMINSTER & BROAD ST	26 P.O. 145
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 LEHIGH ACRES	City & State 28 LEHIGH ACRES FL
Zip 24 33970-145 Country 25 USA	Zip 29 33936 Country 30 USA

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LINDIG, JOYCE
1131 BROAD STREET
LEHIGH ACRES FL 33936

10. Name and Address of New Registered Agent

01 Name: JOYCE LINDIG
02 Street Address (P.O. Box Number is Not Acceptable): 1131 BROAD ST N
03: LEHIGH ACRES FL
04 City: LEHIGH ACRES FL **FL** 05 Zip Code: 33936

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Joyce Lindig JOYCE LINDIG Joyce Lindig 3/26/95
Signature of new or amended registered agent and title if applicable (NOTE: Registering Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	P	☒ Change ☐ Addition
NAME	LINDIG, JOYCE	12 NAME	NORMAN KING	
STREET ADDRESS	1131 BROAD ST., N.	13 STREET ADDRESS	1107 BROAD ST N	
CITY-ST-ZIP	LEHIGH ACRES FL	14 CITY-ST-ZIP	LEHIGH ACRES FLA 33936	
TITLE	VP	21 TITLE	V.P.	☐ Change ☐ Addition
NAME	RICHARDS, LITTWIN	22 NAME	RICHARD WITTWIN	
STREET ADDRESS	1104 BROAD ST., N.	23 STREET ADDRESS	1104 BROAD ST. N	
CITY-ST-ZIP	LEHIGH ACRES FL	24 CITY-ST-ZIP	LEHIGH ACRES FL 33936	
TITLE	STD	31 TITLE	SEC & TREAS	☐ Change ☐ Addition
NAME	RICHARDS, FRANK	32 NAME	FRANK RICHARDS	
STREET ADDRESS	1125 BROAD ST., N.	33 STREET ADDRESS	1125 BROAD ST N	
CITY-ST-ZIP	LEHIGH ACRES FL	34 CITY-ST-ZIP	LEHIGH HIGH ACRES FL 33936	
TITLE	D	41 TITLE	D	☐ Change ☒ Addition
NAME	PARRILNO, JOHN	42 NAME	EVELYN RESEM	
STREET ADDRESS	1112 BROAD ST., N.	43 STREET ADDRESS	1108 BROAD ST. N.	
CITY-ST-ZIP	LEHIGH ACRES, FL 00000	44 CITY-ST-ZIP	LAHIGH ACRES FL 33936	
TITLE	D	51 TITLE	D	☒ Change ☐ Addition
NAME	KING, NORMAN	52 NAME	JOYCE LINDIG	
STREET ADDRESS	1107 BROAD ST., N.	53 STREET ADDRESS	1131 BROAD ST N.	
CITY-ST-ZIP	LEHIGH ACRES FL	54 CITY-ST-ZIP	LEHIGH ACRES FLA	
TITLE	D	61 TITLE	D	☐ Change ☒ Addition
NAME	LARSON, EDITH	62 NAME	HERBET COOK	
STREET ADDRESS	1120 BROAD ST. N.	63 STREET ADDRESS	1114 BROAD ST. N	
CITY-ST-ZIP	LEHIGH ACRES FL	64 CITY-ST-ZIP	LEHIGH ACRES FL 33936	

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)(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, or on an attachment with an address.

SIGNATURE: FRANK RICHARDS Frank Richards Asst Treas 3/26 1-813-368-1767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0061031