

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
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DOCUMENT # **713846** (4)

1. Corporation Name
SABAL PALM GARDENS, INC.



Principal Place of Business WESTMINSTER ROAD AND BROAD STREET LEHIGH ACRES FL 33936 US	Mailing Address P. O. BOX 145 LEHIGH ACRES FL 33970-0145 US
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3. Date Incorporated or Qualified 12/27/1967	3a. Date of Last Report 03/30/1995
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2. Principal Place of Business 21 WESTMINSTER & BROAD Suite, Apt. #, etc. 22 City & State 23 LEHIGH ACRES FL Zip 24 33970-0145 Country 25 LEE	2a. Mailing Address 26 P.O. BOX 145 Suite, Apt. #, etc. 27 City & State 28 LEHIGH ACRES, FL Zip 29 33970-0145 Country 30 US LEE
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4. FEI Number 59-1286627	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LINDIG, JOYCE
1131 BROAD STREET
LEHIGH ACRES FL 33936**

81 Name JOYCE LINDIG
82 Street Address (P.O. Box Number is Not Acceptable) 1131 BROAD ST. N
83 LEHIGH ACRES FL
84 City LEHIGH ACRES FL
85 Zip Code 33936

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 *Joyce Lindig 2-20-96*

(Signature, typed or printed name of registered agent, and title, if applicable) (Not for registered agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KING, NORMAN 1107 N BROAD ST LEHIGH ACRES FL (NOT CURRENT) <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP RICHARDS, LITWIN 1104 BROAD ST., N. LEHIGH ACRES FL (CHANGE) <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST RICHARDS, FRANK 1125 BROAD ST., N. LEHIGH ACRES FL (CURRENT) <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D REESE, EVELYN 1108 N BROAD ST LEHIGH ACRES, FL 00000 (CURRENT) <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LINDIG, JOYCE 1131 N BROAD ST LEHIGH ACRES FL (CURRENT) <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LARSON, EDITH 1120 BROAD ST. N. LEHIGH ACRES FL (NOT CURRENT) <input checked="" type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	P COOK, HERBERT 1114 BROAD ST N LEHIGH ACRES FL 33936 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	V.P. RICHARDS, WILLIAMS 1116 BROAD ST LEHIGH ACRES FL 33936 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	S.T. RICHARDS, FRANK 1125 BROAD ST. N. LEHIGH ACRES FL 33936 <input type="checkbox"/> Change <input type="checkbox"/> Addition SAME
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	D RICHARD LITWIN 1104 BROAD ST. N. LEHIGH ACRES FL 33936 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	D LINDIG, JOYCE 1131 BROAD ST N LEHIGH ACRES FL 33936 <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	D REESE, EVELYN 1108 BROADS ST. N. LEHIGH ACRES FL 33936 <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Frank Richards* **FRANK RICHARDS** *Feb-20, 1996* **308-1257**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E037 (12/95)