

FILE NOW: FILING FEE IS \$61.25

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Feb 04 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **713846** (4)

1. Corporation Name

**SABAL PALM GARDENS, INC.**



Principal Place of Business <b>WESTMINSTER ROAD AND BROAD STREET LEHIGH ACRES FL 33936-0145 US</b>		Mailing Address <b>P. O. BOX 145 LEHIGH ACRES FL 33936 US</b>		3. Date Incorporated or Qualified <b>12/27/1967</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 <b>P.O. 145</b>		4. FEI Number <b>59-1286627</b>	
22 City & State		27 <b>P.O. BOX 145</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 Zip		28 <b>LEHIGH ACRES</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Country		29 <b>33936</b>		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
25		30 <b>LEE</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-13-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAMS, ELSIE</b>	1.2 NAME	
STREET ADDRESS	<b>1116 BROAD STREET N.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LEHIGH ACRES FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LITWIN, RICHARD</b>	2.2 NAME	
STREET ADDRESS	<b>1104 BROAD STREET N.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LEHIGH ACRES FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RICHARDS, FRANK</b>	3.2 NAME	
STREET ADDRESS	<b>1125 BROAD ST N</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LEHIGH ACRES FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LINDIG, JOYCE</b>	4.2 NAME	
STREET ADDRESS	<b>1131 BROAD STREET N.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LEHIGH ACRES FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REESE, EVELYN</b>	5.2 NAME	
STREET ADDRESS	<b>1108 BROAD STREET N.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LEHIGH ACRES FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPANDLEY, MARY</b>	6.2 NAME	
STREET ADDRESS	<b>1111 BROAD STREET N</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LEHIGH ACRES FL</b>	6.4 CITY-ST-ZIP	

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, or on an attachment with an address.

SIGNATURE:

*FRANK RICHARDS*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

**1/14/98**

Daytime Phone # 0060114

CR2E037 (10/97)