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CORPORATION
ANNUAL REPORT
1995



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

95 MAR 20 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 743965 (6)

1. Corporation Name

SABAL LAKES PROPERTY OWNERS' ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1029 BLUEWATER DR
SUN CITY CENTER FL 33573
US

P O BOX 5763
SUN CITY CENTER FL 33571-6249
US

3. Date Incorporated or Qualified
08/17/1978

3a. Date of Last Report
03/18/1994

4. FBI Number
59-1880342

Applied For
Not Applicable

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BENDITT, ANNA R
1029 BLUEWATER DR
SUN CITY CENTER FL 33573

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip, Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	COUNE, FRANK
STREET ADDRESS	1027 BLUEWATER DR
CITY-ST-ZIP	SUN CITY CENTER FL 00000
TITLE	DVP
NAME	BOONE, ALLAN
STREET ADDRESS	203 CACTUS FLOWER
CITY-ST-ZIP	SUN CITY CENTER FL 00000
TITLE	TD
NAME	BENDITT, RUTH
STREET ADDRESS	1029 BLUEWATER DR
CITY-ST-ZIP	SUN CITY CENTER FL 00000
TITLE	SD
NAME	BROWN, NORMA
STREET ADDRESS	1102 BLUEWATER DR
CITY-ST-ZIP	SUN CITY CENTER 00000
TITLE	D
NAME	RANDOLPH, WINSTON
STREET ADDRESS	203 MEADOWVISTA
CITY-ST-ZIP	SUN CITY CENTER FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	President / <i>D</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Frank Counce	
1.3 STREET ADDRESS	1027 Bluewater Dr	
1.4 CITY-ST-ZIP	Sun City Center FL 33573	
2.1 TITLE	Vice President / <i>D</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	James McJunkin	
2.3 STREET ADDRESS	207 Cactus Flower	
2.4 CITY-ST-ZIP	Sun City Center FL 33573	
3.1 TITLE	Secretary / <i>D</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Doroth Wilbur	
3.3 STREET ADDRESS	1004 Yellowbird Pl	
3.4 CITY-ST-ZIP	Sun City Center, FL 33573	
4.1 TITLE	Treasurer - <i>D</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Ruth Benditt,	
4.3 STREET ADDRESS	1029 Bluewater Dr	
4.4 CITY-ST-ZIP	Sun City Center, FL 33573	
5.1 TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Randolph Winston	
5.3 STREET ADDRESS	202 Meadow Vista Ln	
5.4 CITY-ST-ZIP	Sun City Center, FL 33573	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

A DEPOSITED BY BANK RC

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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Anna Ruth Benditt Treasurer 2/27/95 813-634 5430*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

147676 1/20/95