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NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 743965 (6)

1. Corporation Name
SABAL LAKES PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business: 1029 BLUEWATER DR, SUN CITY CENTER FL 33573, US
Mailing Address: P O BOX 5763, SUN CITY CENTER FL 33571-6249, US

3. Date Incorporated or Qualified: 08/17/1978
3a. Date of Last Report: 03/20/1995

2. Principal Place of Business: 21 103 CACTUS FLOWER LN, 22 SUN CITY CENTER, 23 FL, 24 33573
2a. Mailing Address: 26, 27, 28, 29, 30

4. FEI Number: 59-1880342
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: BENDITT, ANNA R, 1029 BLUEWATER DR, SUN CITY CENTER FL 33573

10. Name and Address of New Registered Agent: 81 Name: GLORIA G SWALLOW, 82 Street Address: 103 CACTUS FLOWER LN, 83, 84 City: SUN CITY CENTER FL, 85 Zip Code: 33573

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation stockholder/agent 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: Gloria G Swallow, DATE: 3-25-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DP	NAME: COUNE, FRANK	11 TITLE:	D.P. CORNELL C. CLARKE
STREET ADDRESS: 1027 BLUEWATER DR	CITY-ST-ZIP: SUN CITY CENTER FL 00000	12 NAME:	1005 STRAWPOCKET PL.
		13 STREET ADDRESS:	SUN CITY CENTER, FL 33573
		14 CITY-ST-ZIP:	
TITLE: DVP	NAME: MCJUNKIN, JAMES	21 TITLE:	DVP
STREET ADDRESS: 207 CATUS FLOWER	CITY-ST-ZIP: SUN CITY CENTER FL 00000 33573	22 NAME:	JAMES H. MCJUNKIN
		23 STREET ADDRESS:	
		24 CITY-ST-ZIP:	
TITLE: TD	NAME: BENDITT, RUTH	31 TITLE:	DT
STREET ADDRESS: 1029 BLUEWATER DR	CITY-ST-ZIP: SUN CITY CENTER FL 00000	32 NAME:	GLORIA SWALLOW
		33 STREET ADDRESS:	103 Cactus Flower
		34 CITY-ST-ZIP:	SUN CITY CENTER, FL 33573
TITLE: SD	NAME: BROWN, NORMA	41 TITLE:	D5
STREET ADDRESS: 1102 BLUEWATER DR	CITY-ST-ZIP: SUN CITY CENTER 00000	42 NAME:	Jacothy S Wilbur
		43 STREET ADDRESS:	1004 yellowbird PL.
		44 CITY-ST-ZIP:	SUN CITY CENTER, FL 33573
TITLE: D	NAME: RANDOLPH, WINSTON	51 TITLE:	D.
STREET ADDRESS: 203 MEADOWVISTA	CITY-ST-ZIP: SUN CITY CENTER FL 00000	52 NAME:	Russell N Bebbler
		53 STREET ADDRESS:	1024 BLUEWATER DR
		54 CITY-ST-ZIP:	SUN CITY CENTER, FL 33573
TITLE:	NAME:	61 TITLE:	600001760986
STREET ADDRESS:		62 NAME:	-03/28/96--01041--039
CITY-ST-ZIP:		63 STREET ADDRESS:	***61.25
		64 CITY-ST-ZIP:	

CR2E037 (12/95)

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: Gloria G Swallow, Pres., DATE: 3-11-96, 813-633-8669