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Mar 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 743965 (6)

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



Principal Place of Business 103 CACTUS FLOWER LN SUN CITY CENTER FL 33573 US	Mailing Address P O BOX 5763 SUN CITY CENTER FL 33571-5763 US
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3. Date Incorporated or Qualified 08/17/1978	3a. Date of Last Report 03/27/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number 59-1880342	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SWALLOW, GLORIA G
103 CACTUS FLOWER LN
SUN CITY CENTER FL 33573**

10. Name and Address of New Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	BEBBER, RUSSELL N
STREET ADDRESS	1024 BLUEWATER DR
CITY-ST-ZIP	SUN CITY CENTER FL 33573
TITLE	DVP <input checked="" type="checkbox"/> DELETE
NAME	MC JUNKIN, JAMES H
STREET ADDRESS	207 CATUS FLOWER
CITY-ST-ZIP	SUN CITY CENTER FL 33573
TITLE	DS <input checked="" type="checkbox"/> DELETE
NAME	WILBUR, DOROTHY
STREET ADDRESS	1004 YELLOWHEAD PL
CITY-ST-ZIP	SUN CITY CENTER FL 33573
TITLE	DT <input checked="" type="checkbox"/> DELETE
NAME	SWALLOW, DOROTHY
STREET ADDRESS	103 CACTUS FLOWER LN
CITY-ST-ZIP	SUN CITY CENTER FL 33573
TITLE	DP <input type="checkbox"/> DELETE
NAME	CLARKE, CORIVELL C
STREET ADDRESS	1005 STRAWPOCKET PL
CITY-ST-ZIP	SUN CITY CENTER FL 33573
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DVP PRATLEY, MORRIS
2.3 STREET ADDRESS	1003 STRAWPOCKET
2.4 CITY-ST-ZIP	SUN CITY CENTER, FL 33573
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DS MARDY TAWSE
3.3 STREET ADDRESS	1010 BLUEWATER DR
3.4 CITY-ST-ZIP	SUN CITY CENTER, FL 33573
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DT SWALLOW, GLORIA
4.3 STREET ADDRESS	103 CACTUS FLOWER LN
4.4 CITY-ST-ZIP	SUN CITY CENTER, FL 33573
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 _____

CR2E037 (9/96)