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Apr 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 33571-6249 US
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3. Date Incorporated or Qualified 08/17/1978
4. FEI Number 59-1880342
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 SAME AS ABOVE	2a. Mailing Address 26 SAME AS ABOVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Country	29 Zip
25 Country	30 Zip

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
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" 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

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City
65 State FL
66 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 **GLORIA G. SWALLOW** *Gloria G. Swallow* 042398
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	D <input checked="" 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	PRATLEY MORRIS
STREET ADDRESS	1003 STRAWPOCKET
CITY-ST-ZIP	SUN CITY CENTER FL
TITLE	DS <input checked="" type="checkbox"/> DELETE
NAME	MARDY TAWSE
STREET ADDRESS	1010 BLUEWATER DR
CITY-ST-ZIP	SUN CITY CENTER FL
TITLE	DT <input type="checkbox"/> DELETE
NAME	SWALLOW GLORIA
STREET ADDRESS	103 CACTUS FLOWERS LN
CITY-ST-ZIP	SUN CITY CENTER FL
TITLE	DP <input checked="" 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	President - DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	George Crossland
1.3 STREET ADDRESS	1010 Bluewater Drive
1.4 CITY-ST-ZIP	Sun City Center, FL 33573
2.1 TITLE	Vice President DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Glen Knackmuhs
2.3 STREET ADDRESS	901 Bluewater Drive
2.4 CITY-ST-ZIP	Sun City Center, FL 33573
3.1 TITLE	Director D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	James Mc Junkin
3.3 STREET ADDRESS	207 Cactusflower Lane
3.4 CITY-ST-ZIP	Sun City Center, FL 33573
4.1 TITLE	Treasurer DT <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Gloria swallow
4.3 STREET ADDRESS	103 Cactusflower Lane
4.4 CITY-ST-ZIP	Sun City Center, FL 33573
5.1 TITLE	Secretary DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Anna Ruth Benditt
5.3 STREET ADDRESS	1029 Bluewater Drive
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	

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: *George Crossland* **GEORGIE CROSSLAND**
4-7-98

CR2E037 (10/97)