

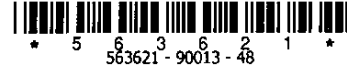
FILED
May 11, 1999 8:00 am
Secretary of State

05-11-1999 90030 014 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 743965

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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2. Principal Place of Business 21 123 Wintersong Ln Suite, Apt. #, etc.	2a. Mailing Address 28	3. Date Incorporated or Qualified 08/17/1978
22	27	4. FEI Number 59-1880342 Applied For <input checked="" type="checkbox"/> Not Applicable
23 City & State Sun City Center FL	28 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip 33573	25 Country U.S.	29 Zip
30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

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 Carroll Van Gelder		82 Street Address (P.O. Box Number is Not Acceptable) 123 Wintersong 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 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 Carroll Van Gelder, Treasurer DATE 4-30-99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CROSSLAND, GEROGE		1.2 NAME clinefelter, James	
STREET ADDRESS 1010 BLUE WATER DRIVE		1.3 STREET ADDRESS 814 Bluewater Dr	
CITY-ST-ZIP SUN CITY CENTER FL 33573		1.4 CITY-ST-ZIP Sun City Center FL 33573	
TITLE VPD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KNACKMUHS, GLEN		2.2 NAME	
STREET ADDRESS 901 BLUEWATER DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP SUN CITY CENTER FL 33573		2.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCJUNKIN, JAMES		3.2 NAME	
STREET ADDRESS 207 CACTUS FLOWER LANE		3.3 STREET ADDRESS	
CITY-ST-ZIP SUN CITY CENTER FL 33573		3.4 CITY-ST-ZIP	
TITLE DT	<input type="checkbox"/> DELETE	4.1 TITLE DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SWALLOW GLORIA		4.2 NAME Van Gelder, Carroll	
STREET ADDRESS 103 CACTUS FLOWERS LN		4.3 STREET ADDRESS 123 Wintersong Ln.	
CITY-ST-ZIP SUN CITY CENTER FL		4.4 CITY-ST-ZIP Sun City Center, FL 33573	
TITLE DS	<input checked="" type="checkbox"/> DELETE	5.1 TITLE DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BENDITT, ANNA RUTH		5.2 NAME Swallow, Gloria	
STREET ADDRESS 1029 BLUEWATER DRIVE		5.3 STREET ADDRESS 103 Cactus Flower Ln.	
CITY-ST-ZIP SUN CITY CENTER FL 33573		5.4 CITY-ST-ZIP Sun City Center, FL 33573	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Carroll Van Gelder, Treasurer DATE 4-30-99 DAYTIME PHONE # 634-4157

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carroll Van Gelder, Treasurer Director

CR2E037 (11/98)