

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N45958 (8)**

1. Corporation Name
SABAL DUNES NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business: **11922 FAIRWAY LAKES DRIVE FT MYERS FL 33913 US**
Mailing Address: **11922 FAIRWAY LAKES DRIVE FT. MYERS FL 33913 US**

3. Date Incorporated or Qualified: **11/12/1991**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: **21 11920 FAIRWAY LAKES DR**
2a. Mailing Address: **26 11920 FAIRWAY LAKES DR**
22 Suite, Apt. #, etc.
23 City & State: **FT. MYERS, FL**
24 Zip: **33913** 25 Country: **U.S.A.**
27 Suite, Apt. #, etc.
28 City & State: **FT. MYERS, FL**
29 Zip: **33913** 30 Country: **U.S.A.**

4. FEI Number: **65-0405022**
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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**DORAGH, PETER
11691 GATEWAY BLVD.
FT. MYERS FL 33913**

10. Name and Address of New Registered Agent
81 Name: **DOUG SCHWARTZ**
82 Street Address (P.O. Box Number is Not Acceptable):
83 **12861 GATEWAY BLVD**
84 City: **FT MYERS** 85 Zip Code: **FL 33913**

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: *[Signature]* DATE: **4/25/96**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LACROIX, JOHN	
STREET ADDRESS	11691 GATEWAY BLVD.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ANDERSON, C.	
STREET ADDRESS	11691 GATEWAY BLVD.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	DORAGH, PETER	
STREET ADDRESS	11691 GATEWAY BLVD.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CALDWELL, DAVID	
STREET ADDRESS	11691 GATEWAY BLVD.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MOORE, JANET	
STREET ADDRESS	11691 GATEWAY BLVD.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DOUG SCHWARTZ	
1.3 STREET ADDRESS	12861 GATEWAY BLVD.	
1.4 CITY-ST-ZIP	FT. MYERS, FL 33913	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	RUSS WEYER	
2.3 STREET ADDRESS	12861 GATEWAY BLVD.	
2.4 CITY-ST-ZIP	FT MYERS, FL 33913	
3.1 TITLE	T D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SUSAN PRITCHARD	
3.3 STREET ADDRESS	12861 GATEWAY BLVD.	
3.4 CITY-ST-ZIP	FT. MYERS, FL 33913	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BURKE LUHMANN	
4.3 STREET ADDRESS	12030 SABAL DUNES LANE	
4.4 CITY-ST-ZIP	FT. MYERS, FL 33913	
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 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: *[Signature]* DATE: **4/25/96** DAYTIME PHONE #: **947-2600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)