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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N45958 (8)

1. Corporation Name
SABAL DUNES NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business Mailing Address
11930 FAIRWAY LAKES DR FT MYERS FL 33913 US
11930 FAIRWAY LAKES DR FT. MYERS FL 33913-8337 US

3. Date Incorporated or Qualified 11/12/1991
3a. Date of Last Report 05/01/1996

2. Principal Place of Business 2a. Mailing Address
21 11922 Fairway Lakes Dr Suite, Apt. #, etc. 26 11922 Fairway Lakes Dr Suite, Apt. #, etc.
22 City & State 27 City & State
23 FT Myers FL 28 FT Myers FL
24 33913 25 USA 29 33913 30 USA
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
DOUG SCHWARTZ
131C
12861 GATEWAY BLVD
FT. MYERS FL 33913
10. Name and Address of New Registered Agent
81 Name Samuel Dockery
82 Street Address (P.O. Box Number is Not Acceptable) 11922 Fairway Lakes Dr
83
84 City FT Myers FL 85 Zip Code 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 *Samuel Dockery* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD DOUG SCHWARTZ 12861 GATEWAY BLVD FT. MYERS FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOUG SCHWARTZ		1.2 NAME Katherine Green
STREET ADDRESS	12861 GATEWAY BLVD		1.3 STREET ADDRESS 24820 Burnt Pine Dr
CITY-ST-ZIP	FT. MYERS FL		1.4 CITY-ST-ZIP Bonita Springs, FL 34134
TITLE	D RUSS WEYER 12861 GATEWAY BLVD FT. MYERS FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUSS WEYER		2.2 NAME Valerie Holmes
STREET ADDRESS	12861 GATEWAY BLVD		2.3 STREET ADDRESS 12041 Sabal Dunes Lane
CITY-ST-ZIP	FT. MYERS FL		2.4 CITY-ST-ZIP FT Myers FL 33913
TITLE	TD SUSAN PRITCHARD 12861 GATEWAY BLVD FT. MYERS FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUSAN PRITCHARD		3.2 NAME John O'Donnell
STREET ADDRESS	12861 GATEWAY BLVD		3.3 STREET ADDRESS 24820 Burnt Pine Dr
CITY-ST-ZIP	FT. MYERS FL		3.4 CITY-ST-ZIP Bonita Springs FL 34134
TITLE	SD CALDWELL, DAVID 11691 GATEWAY BLVD. FT. MYERS FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALDWELL, DAVID		4.2 NAME AL MOSCATO
STREET ADDRESS	11691 GATEWAY BLVD.		4.3 STREET ADDRESS 24820 Burnt Pine Dr
CITY-ST-ZIP	FT. MYERS FL		4.4 CITY-ST-ZIP Bonita Springs FL 34134
TITLE	D BURKE LUHMANN 12030 SABAL DUNES LANE FT. MYERS FL	<input type="checkbox"/> DELETE	5.1 TITLE D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKE LUHMANN		5.2 NAME
STREET ADDRESS	12030 SABAL DUNES LANE		5.3 STREET ADDRESS
CITY-ST-ZIP	FT. MYERS FL		5.4 CITY-ST-ZIP
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 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: *Katherine C. Green* 4/25/97 (941) 947-2600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0086714

CR2E037 (9/96)