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May 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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 DR. FT. MYERS FL 33913 US
Mailing Address: 11922 FAIRWAY LAKES DR. FT. MYERS FL 33913 US

3. Date Incorporated or Qualified: 11/12/1991
4. FEI Number: 65-0405022
Applied For: Not Applicable

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

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent: DOCKERY, SAMUEL 11922 FAIRWAY LAKES DR. 12001 GATEWAY BLVD FT. MYERS FL 33913

10. Name and Address of New Registered Agent: 81 Name: DICKINSON MANAGEMENT INC. 82 Street Address (P.O. Box Number is Not Acceptable): 11920 FAIRWAY LAKES DR. 83 City: FT. MYERS FL 84 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: [Signature] DATE: 4/27/98

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GREEN, KATHERINE	
STREET ADDRESS	24820 BURNT PINE DR.	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HOLMES, VALERIE	
STREET ADDRESS	12041 SABAL DUNES LANE	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	O'DONNELL, JOHN	
STREET ADDRESS	24820 BURNT PINE DR.	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MOSCATO, AL	
STREET ADDRESS	24820 BURNT PINE DR	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BURKE LUHMANN	
STREET ADDRESS	12030 SABAL DUNES LANE	
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	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	RYMER, TRAVIS	
1.3 STREET ADDRESS	12100 SABAL DUNES LN.	
1.4 CITY-ST-ZIP	FORT MYERS, FL 33913	
2.1 TITLE	DST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BONE, SHARON	
2.3 STREET ADDRESS	12021 SABAL LAKES LN	
2.4 CITY-ST-ZIP	FORT MYERS 33913	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	LUHMANN, BERKLEY	
5.3 STREET ADDRESS	12030 SABAL DUNES LN.	
5.4 CITY-ST-ZIP	FT. MYERS 33913	
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: [Signature] TRAVIS RYMER 4/29/98

CR2E037 (10/97)