

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**APPROVED
AND
FILED**

95 APR 18 PM 4: 13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # N94000004709 (1)

1. Corporation Name

SABAL TRACE MASTER ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2601 S. BAYSHORE DR.
MIAMI FL 33133

2601 S. BAYSHORE DR.
MIAMI FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/23/1994

3a. Date of Last Report

4. FEI Number

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JEFFREY, THOMAS W
2601 S. BAYSHORE DR.
MIAMI FL 33133

81 Name
Marcia H. Langley
82 Street Address (P.O. Box Number is Not Acceptable)
Attn: Legal Department
83 **2601 S. Bayshore Drive**
84 City
Miami, FL 85 Zip Code
33133

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Marcia H. Langley

3/23/95

12. OFFICERS AND DIRECTORS

(NOTE: Registered Agent signature required when necessary)

DATE

TITLE **DP**
NAME **MITCHELL, ALAN L**
STREET ADDRESS **1649 TAMiami TRAIL**
CITY - ST - ZIP **PORT CHARLOTTE FL 33948**

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

TITLE **DVT**
NAME **ALLEN, MATT**
STREET ADDRESS **2601 S. BAYSHORE DR.**
CITY - ST - ZIP **MIAMI FL 33133**

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE **DVS**
NAME **LANGLEY, MARCIA**
STREET ADDRESS **2601 S. BAYSHORE DR.**
CITY - ST - ZIP **MIAMI FL 33133**

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE **VS**
NAME **SCOTT, WILLIAM P**
STREET ADDRESS **% 2601 S. BAYSHORE DR.**
CITY - ST - ZIP **MIAMI FL 33133**

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 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 110.07(3)(4), 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR
Marcia H. Langley

3/23/95

(305) 859-4000