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Apr 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000004709 (1)**
 1. Corporation Name
SABAL TRACE MASTER ASSOCIATION, INC.



Principal Place of Business 2601 S. BAYSHORE DR. MIAMI FL 33133	Mailing Address 2601 S. BAYSHORE DR. MIAMI FL 33133-5417
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 09/23/1994	3a. Date of Last Report 05/01/1996
21. Sulte, Apt. #, etc.	26. Sulte, Apt. #, etc.	4. FEI Number 65-0563543	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent JEFFREY, THOMAS W ATTN: LEGAL DEPARTMENT 2601 S. BAYSHORE DRIVE MIAMI FL 33133	10. Name and Address of New Registered Agent 81. Name JOEL K GOLDMAN 82. Street Address (P.O. Box Number is Not Acceptable) 9th floor 83. 2601 S. Bayshore Dr 84. City Miami 85. Zip Code FL 33133
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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 *Joel K Goldman* **JOEL K GOLDMAN** DATE **4-15-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	VTD
NAME	MITCHELL, ALAN L	1.2 NAME	CARLTON, CALLIS
STREET ADDRESS	2601 S. BAYSHORE DR.	1.3 STREET ADDRESS	2601 S. BAYSHORE DR
CITY-ST-ZIP	MIAMI FL 33133	1.4 CITY-ST-ZIP	MIAMI FL 33133
TITLE	DVT	2.1 TITLE	
NAME	SPARROW, MARK	2.2 NAME	
STREET ADDRESS	2601 S. BAYSHORE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133	2.4 CITY-ST-ZIP	
TITLE	VSD	3.1 TITLE	
NAME	GOLDMAN, JOEL K	3.2 NAME	
STREET ADDRESS	2601 S. BAYSHORE DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133	3.4 CITY-ST-ZIP	
TITLE	VAS	4.1 TITLE	
NAME	JEFFREY, THOMAS W	4.2 NAME	
STREET ADDRESS	2601 S. BAYSHORE DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: *Joel K Goldman* **JOEL K GOLDMAN** DATE **4-15-97** ZIP **33133**

CR2E037 (9/96)