

1. Entity Name
SABAL CHASE PROPERTY OWNERS, INC.

Principal Place of Business
 4512 PINE CONE PLACE
 COCOA FL 32926

Mailing Address
 4512 PINE CONE PLACE
 COCOA FL 32926-3322

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip

Country

FILED
Jul 11, 2000 8:00 am
Secretary of State

02-15-2000 90048 006 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3655169

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WILLEKE, ROBERT N JR
129 LOST LAKES DRIVE
COCOA FL 32926

7. Name and Address of New Registered Agent
 Name **ROBERT N. WILLEKE, JR**
 Street Address (P.O. Box Number is Not Acceptable)
4512 PINE CONE PL
 City **COCOA** FL Zip Code **32926**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *[Signature]* DATE **1-21-00**

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
 FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD. WILLEKE, ROBERT N JR 129 LOST LAKES DRIVE COCOA FL 32926 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4512 PINE CONE PLACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD WILLEKE, JUDY ROCKWELL 129 LOST LAKES DRIVE COCOA FL 32926 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4512 PINE CONE PLACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD- GILES, JOHN DENNIS SR 2533 MEADOW LANE COCOA FL 32926 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Fredlund, Margaret 235 Eyre Avenue Merritt Island, FL 32953 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **1-21-00** 467-636-3708

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)