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Apr 30 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000008219 (3)

1. Corporation Name
SABAL GOLF, INC.



Principal Place of Business
3347 SABAL SPRINGS BLVD.
N. FT. MYERS FL 33917

Mailing Address
3347 SABAL SPRINGS BLVD.
N. FT. MYERS FL 33917-2023

3. Date Incorporated or Qualified
01/15/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

65-0645729

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LANDSTEINER, KARL C
2133 WINKLER AVE., SUITE 300
FT. MYERS FL 33901

1. Name

2. Street Address (P.O. Box Number is Not Acceptable)

3. City

4. City

FL 85 Zip Code

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

I, the above-named corporation submits this statement for the purpose of changing its registered agent by the corporation's board of directors. I hereby accept the appointment as registered agent.

SIGNATURE

Signature typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE

NAME
D JEBAL, P. KARIM
STREET ADDRESS
3347 SABAL SPRINGS BLVD.
CITY - ST - ZIP
N. FT. MYERS FL 33917

1.1

1.2

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

Change Addition

TITLE DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

2.1

2.2

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

Change Addition

TITLE DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

3.1

3.2

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

Change Addition

TITLE DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

4.1

4.2

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

Change Addition

TITLE DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

5.1

5.2

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

Change Addition

TITLE DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

6.1

6.2

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

Change Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-97

Date

Daytime Phone #

0401761

CR2E034 (9/96)