

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 743654 (6)

1. Corporation Name

SABAL PALMS, OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

UNIT #8, 1282 HWY. A1A  
SATELLITE BEACH FL 32937

UNIT #8, 1282 HWY. A1A  
SATELLITE BEACH FL 32937

3. Date Incorporated or Qualified  
07/20/1978

3a. Date of Last Report  
03/02/1995

2. Principal Place of Business  
21 220 Magnolia St.

2a. Mailing Address  
26 220 Magnolia St.

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

23 City & State  
Satellite Beach FL

28 City & State  
Satellite Beach FL

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

24 Zip  
32937

Country

29 Zip  
32937

Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CERESKA, JOSEPH W.  
1282 HWY A1A  
APT. 8  
SATELLITE BEACH FL 32937

81 Name  
P.A. Fagnant

82 Street Address (P.O. Box Number is Not Acceptable)  
220 Magnolia St.

83

84 City  
Satellite Beach FL 85 Zip Code  
32937

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 P.A. Fagnant, PD

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

March 2f, 1996

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  DELETE  
NAME CERESKA, JOSEPH W  
STREET ADDRESS 1281 A1A, UNIT 8  
CITY-ST-ZIP SATELLITE BEACH FL

1.1 TITLE PD  Change  Addition  
1.2 NAME Fagnant, P.A.  
1.3 STREET ADDRESS 220 Magnolia St.  
1.4 CITY-ST-ZIP Satellite Beach FL 32937

TITLE D  DELETE  
NAME MARTINEZ, EMIGDIO JR.  
STREET ADDRESS 1281 A1A, UNIT 1  
CITY-ST-ZIP SATELLITE BEACH FL

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE STD  DELETE  
NAME CERESKA, KENNETH P  
STREET ADDRESS 239 CONCORD DR.  
CITY-ST-ZIP MADISON AL 35758

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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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 119.07(3)(k), 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: P.A. Fagnant

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 25, 1996

(407) 773-8815

DATE

Daytime Phone #

CR2E037 (12/95)

3-29-1996