

FILE NOW: FILING FEE IS \$61.25

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**Apr 14 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 743654
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**

21	2. Principal Place of Business 1282 HWY A1A	26	2a. Mailing Address 1282 HWY A1A
22	22. Suite, Apt. #, etc. unit # 8	27	27. Suite, Apt. #, etc. unit #8
23	23. City & State Satellite Beach, FL.	28	28. City & State Satellite Beach, FL.
24	24. Zip 32937	29	29. Zip 32937

3. Date Incorporated or Qualified 7/20/1978	3a. Date of Last Report 3/2/1996
4. FEI Number not applicable	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**P.A. Fagnant
220 Magnolia St.
Satellite Beach, FL. 32937**

10. Name and Address of New Registered Agent

81	Name Janina Cereska
82	Street Address (P.O. Box Number is Not Acceptable) 1282 HWY A1A Unit #8
83	
84	City Satellite Beach, FL.
85	Zip Code FL 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 **Janina Cereska PD** *Janina Cereska* **4-1-1997**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME Fagnant, P.A.	
STREET ADDRESS 220 Magnolia St.	
CITY - ST - ZIP Satellite Beach, FL.	
TITLE D	<input type="checkbox"/> DELETE
NAME Martinez, Emigdio J	
STREET ADDRESS 1281 A1A, Unit 1	
CITY - ST - ZIP Satellite Beach, FL.	
TITLE D	<input type="checkbox"/> DELETE
NAME Cereska, Kenneth P	
STREET ADDRESS 239 Concord DR.	
CITY - ST - ZIP Madison, AL. 35758	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Janina Cereska	
1.3 STREET ADDRESS 1282 HWY A1A, Unit #8	
1.4 CITY - ST - ZIP Satellite Beach, FL. 32937	
2.1 TITLE STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME Sherrard DeJong	
2.3 STREET ADDRESS 9770 S. Tropical Tr.	
2.4 CITY - ST - ZIP Merritt Island, FL. 32952	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME 500002143125	
6.3 STREET ADDRESS -04/15/97--01010--012	
6.4 CITY - ST - ZIP ***61.25	

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: **Janina Cereska PD** *Janina Cereska* **4-1-1997**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)

04/14/97