FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

161

1. Corporation Name 743034 (6)										
SABAL	PALMS, C	OWNERS ASSOC	IATION	, INC.				1		
Principal Place of Business				Malling Address				1 - 140 to 1 100 to 100 to 1010 1010 1010 1010	1811 A1811 B1911 I	HEN GIRN 1996
1282 HWY A1A		32 HWY A1A UNIT #8				3. Date Incorporated or Qualified				
SATELLITE BEACH FL 32907			SATELLITE BEACH FL 32807				07/20/1978			
US			US					4. FEI Number		Applied For
								NOT APPLICABLE	N	lot Applicable
2. Principal P	tace of Busine	988	2a. Mailing Address					5. Certificate of Status Desired		Additional
Sulte, Apt	# 610		Suite, Apt. #, etc.							Pequired
22	w, O(C.		27				6. Election Campaign Financing Trust Fund Contribution	00.6¢	May Be to Fees	
City & Stat	θ		- 1271	City & State				7. Is this nonprofit corporation a homeown		
23			28	28				Yes No		
Zip	, ·					Country		8. This corporation owes or has paid the c		_ ~
24 26 26 26 26 27 26 26 27 26 27 26 27 27 28 28 28 28 28 28 28 28 28 28 28 28 28			29					Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent		
	y, Name i	and Address of Curre	nt Regis	tered Agent	81	Name		10. Name and Address of New Registered) Agent	
CEDECK	A IANNAI A'				L					
CERESKA, JANINA					82	Stree	t Addre	ess (P.O. Box Number is Not Acceptable)		
1282 HWY A1A UNIT #8 SATELLITE BEACH FL 32937					83					
OTT LLC	ie periorii	C 02001						<u> </u>	leal +:-	0-1-
					84	84 City		F	L 85 Zip	Code
11. Pursuant	to the provision	ons of Sections 617.050	02 and 6	17.1508, Florida Statu	tes, the abov	e-name	d corpo	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing	its registered
agent. I a	ım femiliar wit	h, and accept the oblig	ations of	, Section 617.0503, F	lorida Statute	y trie cc is.	ироган	or a board or directors. I hereby accept the ap	уронинын а	ន ខេត្តិទេសខេត
SIGNATURE	 									
12.	Signature, typed o	x printed name of registered ag OFFICERS AN			TE: Registered Ag	ent signatu	ire require	d when reinstating) ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	RS IN 12
TITLE	PD	OT TIGETION	II) DIVIE	DELETE	1.1 TITLE		T	7.5577.6767.6767.11.6524.16.76	☐ Change	
NAME	· =	, JANINA			1.2 NAME				-	
STREET ADDRESS		Y A1A UNIT #8			1.3 STREE	T ADDRESS	;]			
CITY-ST-ZIP	SATELLIT	E BEACH FL 32937			1.4 CITY-	ST-ZIP				
TITLE	D			☐ DELETE	2.1 TITLE				Change	Addition
NAME		z, emigdio Jr.			2.2 NAME					
STREET ADDRESS	1281 A1A					T ADDRESS	3	***		
CITY-ST-ZIP TITLE	D	E BEACH FL		DELETE	2.4 CITY-	ST-ZIP			☐ Change	Addition
NAME		A, KENNETH P		C) occur	3.1 TITLE 3.2 NAME		1		— oranga	
STREET ADDRESS		CORD DR.				T ADDRESS	.			
CITY+ST-ZIP		I AL 35758			3.4. CITY-		`			
TITLE	STD			☐ DELETE	4.1 TITLE	U	1		☐ Change	Addition
NAME		SHERRARD			4. 2 NAME					
STREET ADDRESS	9770 S T	ropical Tr.			4.3 STREE	t address	; [
CITY-ST-ZIP		ISLAND FL 32952			4.4 CITY-	ST-ZIP				
TITLE				DELETE	5.1 TITLE		1		☐ Change	☐ Addition
NAME	}				5.2 NAME		1			
STREET ADDRESS					1	1 Address	3			
CITY-ST-ZIP				DELETE	5.4 CITY-	ST-ZIP	-		Change	☐ Addition
TITLE NAME				T Detert	6.1 TITLE				Unange	Addition
STREET ADDRESS	ĺ				6.2 NAME	T ADDRESS	.			
CITY.ST. 7IP					6.3 STREE		` 			

14. 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 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 A

FILED

Feb 16 1998 8:00am

Secretary of State