SEP-05-1997 16:10 SERVICES-TALLAHASSEE P.02

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1997

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

813 APPROVED AND FILED

97 OCT 17 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000005353 (6)

1. Corporation Name

SABAL PALMS RESIDENTS, INC.

Principal Place of Business	Mailing Address
3701 SABAL PALM BLVD FT. MYERS	~~4224 MICHIGAN AVE~~ ~~FT MYERS FL 33916~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/13/1995
3a. Date of Last Report: 07/30/1996

2. Principal Place of Business
21: 3701 SABAL PALM BLVD
Suite, Apt. #, etc.
22: FORT MYERS
City & State
23: FLA
Zip: 24: 33916 Country: 25: USA

2a. Mailing Address
26: Sabal Palms Residents Inc.
Suite, Apt. #, etc.
27: 3701 Sabal Palm Blvd
City & State
28: FT. Myers, FL
Zip: 29: 33916 Country: 30: USA

4. FEI Number: APPLIED FOR 65-0681693 ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

8. Name and Address of Current Registered Agent

HALL, TAMMARA A
2070 - 1 MC GREGOR BLVD
FT MYERS FL 33902

10. Name and Address of New Registered Agent

81 Name: Lawana Green
82 Street Address (P.O. Box Number Is Not Acceptable): 3701 Sabal Palm Blvd #J17
83 City: Ft. Myers, FL. 33916
84 City: FL 85 Zip Code

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: Lawana Green 9/9/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: New Agent signature required when changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1 TITLE	PD	☐ DELETE	1.1 TITLE	SD	☐ Change ☑ Addition
NAME	GREEN, LAWANNA		1.2 NAME	Paulafaye Chatman	
STREET ADDRESS	% 3701 SABAL PALM BLVD. #J17		1.3 STREET ADDRESS	3701 Sabal Palm Blvd #E10	
CITY-ST-ZIP	FT. MYERS FL 33916		1.4 CITY-ST-ZIP	FT MYERS FL 33916	
TITLE	TD	☐ DELETE	2.1 TITLE	VP	☐ Change ☑ Addition
NAME	DUNCAN, NETTIE		2.2 NAME	Richard Stewart	
STREET ADDRESS	% 3701 SABAL PALM BLVD. #J16		2.3 STREET ADDRESS	3701 Sabal Palm Blvd #J13	
CITY-ST-ZIP	FT. MYERS FL 33916		2.4 CITY-ST-ZIP	FT. Myers, FL. 33916	
TITLE	SD	☑ DELETE	3.1 TITLE	D	☐ Change ☑ Addition
NAME	MARTIN, DOROTHY		3.2 NAME	Thomas G. Nelson	
STREET ADDRESS	% 3701 SABAL PALM BLVD. #J1		3.3 STREET ADDRESS	3701 Sabal Palm Blvd #C12	
CITY-ST-ZIP	FT. MYERS FL 33916		3.4 CITY-ST-ZIP	FT. Myers FL. 33916	
TITLE	VP	☑ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, ANITA		4.2 NAME		
STREET ADDRESS	3701 SABAL PALM BLVD		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL 33916		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	NELSON, THOMAS G		5.2 NAME		
STREET ADDRESS	% 3701 SABAL PALM BLVD. #C12		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL 33916		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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*****61.25 *****61.25
A. Allen
10/17/97

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