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Mar 11 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 # 713846 (4)

1. Corporation Name  
SABAL PALM GARDENS, INC.



Principal Place of Business Mailing Address  
WESTMINSTER ROAD AND BROAD STREET  
LEHIGH ACRES FL 33936  
US P. O. BOX 145  
LEHIGH ACRES FL 33970-0145  
US

3. Date Incorporated or Qualified 12/27/1967  
3a. Date of Last Report 03/14/1996

2. Principal Place of Business 2a. Mailing Address  
21 Westminister Rd & Broad St 26 P.O. Box 145  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Lehigh Acres - Fla. 28 Lehigh Acres, Fla.  
Zip Country Zip Country  
24 33936-0145 25 U.S.A. 29 33936 30 U.S.A.

4. FEI Number 59-1286627 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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
LINDIG, JOYCE  
1131 BROAD STREET  
LEHIGH ACRES FL 33936

10. Name and Address of New Registered Agent  
81 Name Joyce Lindig  
82 Street Address (P.O. Box Number is Not Acceptable) 1131 Broad St. N.  
83 Lehigh Acres - Fla.  
84 City Lehigh Acres FL 85 Zip Code 33936

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: Joyce Lindig DATE: 3-5-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, HERBERT	1.2 NAME	Williams Elsie
STREET ADDRESS	1114 BROAD ST N	1.3 STREET ADDRESS	1116 Broad St. N
CITY-ST-ZIP	LEHIGH ACRES FL	1.4 CITY-ST-ZIP	Lehigh Acres, Fla. 33936
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	Vice Pres. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, ELSIE	2.2 NAME	Littwin Richard
STREET ADDRESS	1116 BROD ST	2.3 STREET ADDRESS	1104 Broad St. N
CITY-ST-ZIP	LEHIGH ACRES FL	2.4 CITY-ST-ZIP	Lehigh Acres, Fla. 33936
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	Sec-Treas <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDS, FRANK	3.2 NAME	Richards Frank same
STREET ADDRESS	1125 BRAOD ST N	3.3 STREET ADDRESS	1125 Broad St. N
CITY-ST-ZIP	LEHIGH ACRES FL	3.4 CITY-ST-ZIP	Lehigh Acres, Fla. 33936
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	Dir. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LITWIN, RIACHARD	4.2 NAME	Lindig Joyce same
STREET ADDRESS	1104 BRAOD ST N	4.3 STREET ADDRESS	1131 Broad St. N.
CITY-ST-ZIP	LEHIGH ACRES, FL 00000	4.4 CITY-ST-ZIP	Lehigh Acres, Fla. 33936
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	Dir. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDIG, JOYCE	5.2 NAME	Reese Evelyn same
STREET ADDRESS	1131 BRAOD ST N	5.3 STREET ADDRESS	1108 Broad St N.
CITY-ST-ZIP	LEHIGH ACRES FL	5.4 CITY-ST-ZIP	Lehigh Acres, Fla. 33936
TITLE	R <input type="checkbox"/> DELETE	6.1 TITLE	Dir. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REESE, EVELYN	6.2 NAME	Spandley Mary
STREET ADDRESS	1108 BRAOD ST N	6.3 STREET ADDRESS	1111 Broad St N.
CITY-ST-ZIP	LEHIGH ACRES FL	6.4 CITY-ST-ZIP	Lehigh Acres, Fla. 33936

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: Frank Richards DATE: 1-94-78-1257  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0056048

CR2E037 (9/96)