

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **741571** (4)
1. Corporation Name
SABAL PALM ASSOCIATION, INC.



Principal Place of Business % HARMONY MANAGEMENT P.O. BOX 10067 BRADENTON FL 34262	Mailing Address % HARMONY MANAGEMENT P.O. BOX 10067 BRADENTON FL 34262
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3. Date Incorporated or Qualified 02/09/1978	
4. FEI Number 58-1409912	Applied For Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DELLIARM, DAN
% HARMONY MANAGEMENT
4400 EL CONQUISTADOR PKWY., STE 13
BRADENTON FL 34210**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
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

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

(NOTE: Registered Agent signature required when relating)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD LIST, LARRY	<input type="checkbox"/> DELETE
NAME	2727 75TH STREET W., #A1H	
STREET ADDRESS	BRADENTON FL 34209	
CITY-ST-ZIP		
TITLE	VD CONWAY, GEORGE	<input checked="" type="checkbox"/> DELETE
NAME	2727 75TH STREET W., #9A3	
STREET ADDRESS	BRADENTON FL 34209	
CITY-ST-ZIP		
TITLE	TD STEPHENSON, ANGELA	<input checked="" type="checkbox"/> DELETE
NAME	2727 75TH STREET W., #A5F	
STREET ADDRESS	BRADENTON FL 34209	
CITY-ST-ZIP		
TITLE	SD ROYER, DONALD	<input type="checkbox"/> DELETE
NAME	2727 75TH STREET W., #A1D	
STREET ADDRESS	BRADENTON FL 34209	
CITY-ST-ZIP		
TITLE	D KALOGERAS, ELAINE	<input checked="" type="checkbox"/> DELETE
NAME	2727 75 ST. W., #9A6	
STREET ADDRESS	BRADENTON FL 34209	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VP Nick Koutselas	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	2727-75 ST. W.	
2.3 STREET ADDRESS	Bradenon, FL 34209	
2.4 CITY-ST-ZIP		
3.1 TITLE	TD Lorraine Wood	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	2727-75 ST. W. #9A1	
3.3 STREET ADDRESS	Bradenon, FL 34209	
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	D Will Wolage	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	2727-75 ST. W. #1A5	
5.3 STREET ADDRESS	Bradenon, FL 34209	
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: *LARRY L. LIST*

4-16-98 7584399

CP2E037 (10/97)