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Mar 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **742216** (5)

1. Corporation Name

SABAL PINE SOUTH ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**2840 SW 22ND AVE
DELRAY BEACH FL 33445**

**2840 SW 22ND AVE
DELRAY BEACH FL 33445-7228**

3. Date Incorporated or Qualified
03/28/1978

3a. Date of Last Report
04/28/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

4. FEI Number
59-1932728

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

**MCRAE, FLORENCE
2860 SW 22ND AVENUE
DELRAY BEACH, FL 33445**

81 Name

AUDREY DIONNE

82 Street Address (P.O. Box Number is Not Acceptable)
2840 S.W.22 nd. Ave.

84 City

DELRAY BEACH

FL

85 Zip Code
33445

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 **AUDREY DIONNE, PRESIDENT**

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

(NOTE: Registered Agent's signature required when reinstating)

3/20/97
DATE

12. OFFICERS AND DIRECTORS

TITLE	DT	<input type="checkbox"/> DELETE
NAME	FEMINELLA, ANNETTE	
STREET ADDRESS	2940 SW 22 AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DOUST, WILBUR	
STREET ADDRESS	2840 SW 22ND AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCRAE, FLORENCE	
STREET ADDRESS	2920 SW 22NDA AVE	
CITY-ST-ZIP	DELRAY BCH FL 33445	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BARNETT, LYNN	
STREET ADDRESS	2960 SW 22ND AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MIRIZIO, CONRAD	
STREET ADDRESS	2920 SW 22ND	
CITY-ST-ZIP	DELRAY BCH FL 33445	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GENTILE, RITA	
STREET ADDRESS	2820 SW 22ND AVE	
CITY-ST-ZIP	DELRAY BCH FL 33445	

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PD
3.3 STREET ADDRESS	AUDREY DIONNE
3.4 CITY-ST-ZIP	2960 S.W. 22 ND AVE DELRAY BEACH, FL 33445
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	VP
4.3 STREET ADDRESS	OLGA WORBY
4.4 CITY-ST-ZIP	2900 S.W. 22ND AVE DELRAY BEACH. FL 33445
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D
5.3 STREET ADDRESS	CONRAD MIRIZIO
5.4 CITY-ST-ZIP	2920 S.W. 22 ND AVE DELRAY BEACH, FL 33445
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D
6.3 STREET ADDRESS	FLORENCE MCRAE
6.4 CITY-ST-ZIP	2920 S.W. 22ND AVE DELRAY BEACH, FL 33445

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:

Audrey Dionne
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIR

3/20/97
Date

(561) 278-5739
Daytime Phone # 004323

CR2E037 (9/96)