

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



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

FILED

NOV 10 - 7 PM 4:30

SECRETARY OF STATE  
DIVISION OF CORPORATIONS



1. Name of Limited Partnership

1a. DOCUMENT #  
A25402

SABAL SPRINGS GOLF & RACQUET CLUB, LTD.

Mailing Address

3347 SABAL SPRINGS BLVD.  
N. FT. MYERS FL 33917

Principal Office Address

3347 SABAL SPRINGS BLVD.  
N. FT. MYERS FL 33917

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Date Formed or Registered

10/29/1987

3a. Date of Last Report

03/16/1998

4. State or Country of Formation

FL

6. FEI Number

65-0015052

7. Certificate of Status Desired

8. Make check payable to: Dept. of State (See reverse side for information)

5a. Capital Contributions as  
Shown on record

\$8,502,824.00

5b. Amount of Capital  
Contributions in FL OFIDA  
to date

☒ Applied For  
☐ Not Applicable

\$8.75 Additional  
Fee Required

9. Name and Address of Current Registered Agent

LOUMIET, JUAN P ESQ.  
1401 BRICKELL AVE.  
MIAMI FL 33131

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

10. If changed, new Registered Agent/Office

FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

FLAGLER 251, INC.

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

14 NE 1ST AVE., S-140

11b. City, State & Zip Code

MIAMI FL

11c. Registration  
Document Number

650154

5000002762209-2  
-02/02/99--01073--022  
\*\*\*\*535.00 \*\*\*\*535.00

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (8/98)