

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

May 01 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K61548** (9)  
1. Corporation Name  
**SABAL BAY OF NAPLES, INC.**



Principal Place of Business <b>% JOHN K. AURELL 101 N. MONROE ST., STE 1000-MONROE PRK TWR TALLAHASSEE FL 32301</b>	Mailing Address <b>% JOHN K. AURELL 101 N. MONROE ST., STE 1000-MONROE PRK TWR TALLAHASSEE FL 32301</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>3003 North Tamiami Trail</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>3003 North Tamiami Trail</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>01/27/1989</b>	
22 City & State 23 <b>Naples, Florida</b>		27 City & State 28 <b>Naples, FL</b>		4. FEI Number <b>NOT APPLICABLE</b> Applied For Not Applicable	
24 <b>34103</b> 25 <b>US</b>		29 <b>34103</b> 30 <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				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 <b>AURELL, JOHN K. 101 NORTH MONROE STREET SUITE 1000 - MONROE PARK TOWER TALLAHASSEE FL 32302</b>		10. Name and Address of New Registered Agent 81 Name <b>TERRY L. FLORA</b> 82 Street Address (If O.C.D. Number is Not Applicable) <b>3003 TAMiami TRAIL, NORTH</b> 83 <b>SUITE 400</b> 84 City <b>NAPLES</b> 85 FL 86 Zip Code <b>34103</b>	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE **J. Flora** **TERRY L. FLORA** DATE **4-22-98**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D COLLIER, MILES C. 3003 TAMiami TRAIL NORTH NAPLES FL</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BIRR, JEFFREY M 3003 TAMiami TRAIL NORTH NAPLES FL</b> <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: **Jeffrey M. Birr, Director** 03/19/98 941/261-4455

CR2E034 (10/97)