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May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K61552 (1)

1. Corporation Name
SABAL BAY YACHT HARBOR, INC.

Principal Place of Business

Mailing Address

% JOHN K. AURELL
101 N. MONROE ST., STE 1000-MONROE PRK TWR
TALLAHASSEE FL 32301

% JOHN K. AURELL
101 N. MONROE ST., STE 1000-MONROE PRK TWR
TALLAHASSEE FL 32301-1549

3. Date Incorporated or Qualified
01/27/1989

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 101 S. MONROE STREET

Suite, Apt. #, etc.

22 SUITE 1000, MONROE PK. TOWER

City & State

23 TALLAHASSEE, FL

24 Zip
32302

Country

25

2a. Mailing Address

26 101 S. MONROE STREET

Suite, Apt. #, etc.

27 SUITE 1000, MONROE PK. TOWER

City & State

28 TALLAHASSEE, FL

29 Zip
32302

Country

30

4. FEI Number

NOT APPLICABLE

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

AURELL, JOHN K.
101 NORTH MONROE STREET
SUITE 1000 - MONROE PARK TOWER
TALLAHASSEE FL 32302

10. Name and Address of New Registered Agent

81 Name

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

101 S. MONROE STREET

83

SUITE 1000, MONROE PARK TOWER

84

TALLAHASSEE

FL

85

Zip Code
32302

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME COLLIER, MILES C.
STREET ADDRESS 3003 TAMIAH TRAIL NORTH
CITY-STATE-ZIP NAPLES FL ☐ DELETE

TITLE D
NAME BIRR, JEFFREY M
STREET ADDRESS 3003 TAMIAH TRAIL NORTH
CITY-STATE-ZIP NAPLES FL ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFFREY M. BIRR

4/24/97

Date

941-261-4455

Daytime Phone #

0045141

CR2E034 (9/96)