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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 # **K61556** (2)

1. Corporation Name
SABAL BAY PROPERTIES, INC.

Principal Place of Business

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

Mailing Address

% 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 2a. Mailing Address
21 **101 S. MONROE ST.** 26 **101 S. MONROE ST.**
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 **STE 1000 MONROE PRK TWR** 27 **STE 1000 MONROE PRK TWR**
City & State City & State

23 **TALLAHASSEE, FL** 28 **TALLAHASSEE, FL**
Zip Country Zip Country

24 **32301** 25 **US** 29 **32301** 30 **US**
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
101 SOUTH MONROE STREET
83 **SUITE 1000 - MONROE PARK TOWER**
84 City **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, type or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

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

JEFFREY M. BIRR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/97
Date

941-261-4455
Daytime Phone #

CR2E034 (9/96)