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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

K61556

SABAL BAY PROPERTIES, INC.

(2)

Mailing Address

May 05 1998 8:00am
Secretary of State

FILED



% JOHN K. A 101 N. MONR TALLAHASSE	OE ST., STE 1000-MONROE PRK TWR	% John K. Aurell 101 n. Monroe St., Ste Tallahassee Fl 32301	1000-MONROE PRK TWI	DO NOT WRITE IN THIS 3. Date Incorporated or Qualified 01/27/1989	SPACE	
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
	llier Enterprises	26		NOT APPLICABLE	Not Applicable	
	amiami Trail North	Suite, Apt. #, etc.	معم	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	s, Florida	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
24 Zip 341	03 25 US	Zip 29 3	Country	This corporation owes or has paid the corporation owes or has paid the corporation of the personal Property Tax due June 30.	Yes No	
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent						
AURELL, JOHN K. 81 Nar TERRY L. FLORA						
101 NORTH MONROE STREET SINTE 1000 A MONROE PARK TOWER 82 STREET 3003 TAMIAMI TRAIL NORTH						
	ITÉ 1000 - MONROE PARK TOWE Llahassee fl 32302	 				
				UITE 400	- In- I 7: 0 d	
				aples FI		
11. Pursuant t	o the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the above-named cor	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing its registered	
office or re agent. I ar	egistered agent, or both, in the State of In familiar with, and accept the obligation	ons of, Section 607.0505, Flori	da Statutes.	mion's board of directors. Frieldby accept the ap	ipolitiment as registered	
SIGNATURE	J. the		ERRU L.	FLORA 4	22-98	
	Signature, typod or printed name of registered agent		legistered Agent signature requ	ired when reinstating) OATE ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12	
12.	OFFICERS AND	DELETE	1,1 TOLE	ADDITIONA/OFF MALE TO OFF TOLEROY	☐ Change ☐ 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	DELETE	2.1 TITLE		Change Addition	
NAME	BIRR, JEFFREY M		2.2 NAME			
STREET ADDRESS	3003 TAMIAMI TRAIL NORTH		2.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL	DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		Change Addition	
TITLE			3.2 NAME		C August C Augustion	
NAME CTOCCT ADDRESS			3.3 STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			3.4. CITY-ST-ZIP	P		
TITLE		DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE	_	DELETE	5.1 TITLE		Change L Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP		TREFE	5.4 CITY - ST - ZIP		Change Addition	
TITLE		☐ DELETE	6.1 TITLE			
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP		, this filler does not qualify for	6.4 CITY - ST - ZIP	Section 119 07(3)(i) Florida Statutes further	certify that the information	

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.

Jeffrey M. Birr, Director

03/19/98

941/261-4455