

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

FILED
May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K61561** (2)
1. Corporation Name
VILLAGES OF SABAL BAY, INC.

Principal Place of Business
**101 S MONROE ST
STE 1000
TALLAHASSEE FL 32301
US**

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Collier Enterprises
Suite, Apt. #, etc.
3003 Tamiami Trail
City & State
Naples, Florida
Zip
34103 Country
U.S.

2a. Mailing Address
Same
Suite, Apt. #, etc.
Same
City & State
Same
Zip
Same Country
U.S.

3. Date Incorporated or Qualified
01/27/1989

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ 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
TERRY L. FLORA
Street Address
3003 TAMAMIAMI TRAIL NORTH, SUITE 400
City
NAPLES FL **34103**

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  **TERRY L. FLORA** DATE **4-22-98**

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	COLLIER, MILES C.	
STREET ADDRESS	3003 TAMAMIAMI TRAIL NORTH	
CITY- ST- ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BIRR, JEFFREY M	
STREET ADDRESS	3003 TAMAMIAMI TRAIL NORTH	
CITY- ST- ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

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)