SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $230.25).

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

FILED
Oct 08 1998 8:00am
Secretary of State

000?257

DOCUMENT # **N34512** **(6)**

1. Corporation Name

SABAL CENTER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
9720 PRINCESS PALM AVE SUITE 140 TAMPA FL 33619 US	433 PLAZA REAL SUITE 335 BOCA RATON FL 33432 US

2. Principal Place of Business
21 [illegible] Princess Palm Dr.
Suite, Apt. #, etc.
22
City & State
23 Tampa, Florida
Zip 24 33619 Country 25 US

2a. Mailing Address
26 [illegible] Plaza Real Drive
Suite, Apt. #, etc.
27
City & State
28 Boca, Florida
Zip 29 33432 Country 30 US

3. Date Incorporated or Qualified
10/05/1989

4. FEI Number
22-3019780 [ ] 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

7. Is this nonprofit corporation a homeowners association? [X] Yes [ ] No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. [ ] Yes [X] No

9. **Name and Address of Current Registered Agent**

HENDERSON, THOMAS N., III
101 E. KENNEDY BLVD., SUITE 3700
TAMPA FL 33602

10. **Name and Address of New Registered Agent**
81 Name Fred J. Gould
82 Street Address (P.O. Box Number is Not Acceptable) 3419 Cypress Landing Dr.
83
84 City Valrico, Fl. 33594 **FL** 85 Zip Code 33594

11. Pursuant to the provisions of sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Fred J. Gould 8-17-98
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	DP	[X] DELETE
NAME	CROCKER, THOMAS J	
STREET ADDRESS	433 PLAZA REAL #335	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DV	[X] DELETE
NAME	ACKERMAN, RICHARD	
STREET ADDRESS	433 PLAZA REAL #335	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DTS	[X] DELETE
NAME	BECKLER, CHRISTOPHER	
STREET ADDRESS	433 PLAZA REAL #335	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	[ ] Change [X] Addition
1.2 NAME	Joseph McCarthy	
1.3 STREET ADDRESS	3500 Princess Palm Drive	
1.4 CITY-ST-ZIP	Tampa, Fl. 33619	
2.1 TITLE	DV	[ ] Change [X] Addition
2.2 NAME	Rick Gould	
2.3 STREET ADDRESS	3500 Princess Palm Drive	
2.4 CITY-ST-ZIP	Tampa, Fl. 33619	
3.1 TITLE	DT	[ ] Change [X] Addition
3.2 NAME	Ken Agnes	
3.3 STREET ADDRESS	3500 Princess Palm Drive	
3.4 CITY-ST-ZIP	Tampa, Fl. 33619	
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Fred J. Gould 10-1-98 (813) 740 0318
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)