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Apr 23 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N93000003644 (2)

1. Corporation Name  
SABAL LAKES PHASE TWO HOMEOWNERS ASSOCIATION, IN C.



Principal Place of Business: 2120 MAYA PALM DRIVE BOCA RATON FL 33432  
Mailing Address: 4965 LE CHALET BLVD. BOYNTON BEACH FL 33436-1405

3. Date Incorporated or Qualified: 08/11/1993  
3a. Date of Last Report: 03/05/1996

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	59-1964152	Applied For	Not Applicable
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
23	City & State	City & State	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Zip	Country	29	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/>	Yes	<input type="checkbox"/>
25			30			No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MESSINGER, JOEL  
951 BROKEN SOUND PKWY.  
BOCA RATON FL 33487

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
FL 85 Zip Code

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

Signature, typed 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	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	SHEA, PAUL		1.2 NAME				
STREET ADDRESS	951 BROKEN SOUND PKWY.		1.3 STREET ADDRESS				
CITY-ST-ZIP	BOCA RATON FL 33487		1.4 CITY-ST-ZIP				
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition		
NAME	LINDERMAN, RAY		2.2 NAME				
STREET ADDRESS	951 BROKEN SOUND PKWY.		2.3 STREET ADDRESS				
CITY-ST-ZIP	BOCA RATON FL 33487		2.4 CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	NOTO, FRANK		3.2 NAME				
STREET ADDRESS	951 BROKEN SOUND PKWY.		3.3 STREET ADDRESS				
CITY-ST-ZIP	BOCA RATON FL 33487		3.4 CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	PALESCHIC, DALE		4.2 NAME				
STREET ADDRESS	951 BROKEN SOUND PKWY.		4.3 STREET ADDRESS				
CITY-ST-ZIP	BOCA RATON FL 33487		4.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	HINES, THERESA		5.2 NAME				
STREET ADDRESS	951 BROKEN SOUND PKWY.		5.3 STREET ADDRESS				
CITY-ST-ZIP	BOCA RATON FL 33487		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				

SD  
Youlorsly, MAX  
1275 E. Landwood Pl.  
DeBary Beach FL 32745

PD  
Paleschic, DALE

VD  
HINES, THERESA

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

SIGNATURE:

SIGNATURE OF REGISTERED AGENT

CR2E037 (9/96)