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May 01, 1999 8:00 am
Secretary of State

05-01-1999 90017 008 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N93000003644

1. Corporation Name

SABAL LAKES PHASE TWO HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

3735 RIVERSIDE WAY
 DELRAY BEACH FL.

Mailing Address

915 BROKEN SOUND PKWY.
 STE. 250
 BOCA RATON FL 33487

464195 - 90017 - 8



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

08/11/1993

4. FEI Number

59-1964152

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	YOULOVSKY, MAY	
STREET ADDRESS	1275 E. LANCEWOOD DR.	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	NOTO, FRANK	
STREET ADDRESS	3735 RIVERSIDE WAY	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	NORDT, KEN	
STREET ADDRESS	1310 E. LANCEWOOD PL.	
CITY-ST-ZIP	DELRAY BEACH 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	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Christine Greenlee	
1.3 STREET ADDRESS	3755 Riverside Way	
1.4 CITY-ST-ZIP	Delray Beach, FL 33445	
2.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Ralph Phillips	
2.3 STREET ADDRESS	3920 Riverside Way	
2.4 CITY-ST-ZIP	Delray Beach, FL 33445	
3.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Kenneth Nordt	
3.3 STREET ADDRESS	1310 E. Lancewood Place	
3.4 CITY-ST-ZIP	Delray Beach, FL 33445	
4.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Susan Roegiers	
4.3 STREET ADDRESS	1375 Sabal Lakes Road	
4.4 CITY-ST-ZIP	Delray Beach, FL 33445	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Sol Ginsberg	
5.3 STREET ADDRESS	3770 Riverside Way	
5.4 CITY-ST-ZIP	Delray Beach, FL 33445	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/5/99 5:61
 4/6/99 5:35
 Daytime Phone #

CR2E037 (11/98)