

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000005353 (6)

1. Corporation Name

SABAL PALMS RESIDENTS, INC.



Principal Place of Business

3701 SABAL PALM BLVD.
FT. MYERS

Mailing Address

~~3701 SABAL PALM BLVD.~~
~~FT. MYERS~~

3. Date Incorporated or Qualified
11/13/1995

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

4224 Michigan Ave

Suite, Apt. #, etc.

27

City & State

28

Fort Myers FL

29

Zip

33916

Country

USA

4. FEI Number

☒ 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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HALL, TAMMARA A
6005 COLLEGE PARKWAY
#315
FT MYERS FL 33910

10. Name and Address of New Registered Agent

81 Name

HALL, TAMMARA A.

82 Street Address (P.O. Box Number is Not Acceptable)

P.O. Box 1476

83

2070-1 McGregor Blvd

33901

84 City

FORT MYERS

FL

85 Zip Code

33902

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

NAME

STREET ADDRESS

CITY - ST - ZIP

PD

DOTSON, JULIA

% 3701 SABAL PALM BLVD. #G5

FT. MYERS FL 33916

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TD

DUNCAN, NETTIE

% 3701 SABAL PALM BLVD. #J16

FT. MYERS FL 33916

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

SD

MARTIN, DOROTHY

% 3701 SABAL PALM BLVD. #J1

FT. MYERS FL 33916

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

GIBBS, LASHAWN

% 3701 SABAL PALM BLVD. #H11

FT. MYERS FL 33916

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

GREEN, LAWANNA

% 3701 SABAL PALM BLVD. #J17

FT. MYERS FL 33916

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

NELSON, THOMAS G

% 3701 SABAL PALM BLVD. #C12

FT. MYERS FL 33916

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PRESIDENT

1.2 NAME

GREEN, Lawanna

1.3 STREET ADDRESS

3701 Sabal Palm Blvd. J17

1.4 CITY - ST - ZIP

FORT MYERS FL 33916

☒ Change ☐ Addition

2.1 TITLE

VICE PRESIDENT

2.2 NAME

Anita Johnson

2.3 STREET ADDRESS

3701 Sabal Palm Blvd

2.4 CITY - ST - ZIP

FORT MYERS, FL 33916

☐ Change ☒ Addition

3.1 TITLE

RICHARD STEWART

3.2 NAME

and VICE PRESIDENT

3.3 STREET ADDRESS

3701 Sabal Palm Blvd

3.4 CITY - ST - ZIP

Fort Myers, FL 33916

☐ Change ☒ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

Lawanna Green

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-96

Date

Daytime Phone #

CR2E037 (12/95)