

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: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

Mailing Address

3701 SABAL PALM BLVD.  
FORT MYERS FL 33916

3701 SABAL PALM BLVD.  
FORT MYERS FL 33916

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

GREEN, LAWANA  
3701 SABAL PALM BLVD. #J17  
FT. MYERS FL 33916

3. Date Incorporated or Qualified

11/13/1995

4. FEI Number

65-0681693

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?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☐ No

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE PD ☐ DELETE

NAME GREEN, LAWANNA  
STREET ADDRESS % 3701 SABAL PALM BLVD. #J17  
CITY-ST-ZIP FT. MYERS FL 33916

13. 1.1 TITLE VP ☐ Change ☒ Addition

1.2 NAME KATHY MADISON  
1.3 STREET ADDRESS 90 3701 SABAL PALM BLVD. #F11  
1.4 CITY-ST-ZIP FT. MYER, FL 33916

TITLE TD ☐ DELETE

NAME DUNCAN, NETTIE  
STREET ADDRESS % 3701 SABAL PALM BLVD. #J16  
CITY-ST-ZIP FT. MYERS FL 33916

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE SD ☐ DELETE

NAME CHATMAN, PAULAFAYE  
STREET ADDRESS 3701 SABAL PALM BLVD. #J-13  
CITY-ST-ZIP FT. MYERS FL 33916

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE VP ☒ DELETE

NAME STEWART, RICHARD  
STREET ADDRESS 3701 SABAL PALM BLVD. #C12  
CITY-ST-ZIP FT. MYERS FL 33916

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D ☒ DELETE

NAME NELSON, THOMAS G  
STREET ADDRESS % 3701 SABAL PALM BLVD. #C12  
CITY-ST-ZIP FT. MYERS FL 33916

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

70000266210  
- 10/13/98 - 01010 - 009  
\*\*\*61.25

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: *Lawanna Green*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
Oct 09 1998 8:00am  
Secretary of State



CR2E037 (5/98)

9/29/98