

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90119 017 ****61.25

DOCUMENT # N95000005353

1. Corporation Name

SABAL PALMS RESIDENTS, INC.

Principal Place of Business

3701 SABAL PALM BLVD.
FORT MYERS FL 33916

Mailing Address

3701 SABAL PALM BLVD.
FORT MYERS FL 33916



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

9. Name and Address of Current Registered Agent

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

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

Lawana Green
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/28/99

12. OFFICERS AND DIRECTORS ☐ DELETE

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

TITLE TD ☐ DELETE

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

TITLE SD ☐ DELETE

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

TITLE VP ☐ DELETE

NAME MADISON, KATHY
STREET ADDRESS 3701 SABAL PALM BOULEVARD #F11
CITY-ST-ZIP FORT MYERS FL 33916

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

3701 Sabal Palm Blvd. #E10

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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/99

(941) 461-5703

Date

Daytime Phone #

CR2E037- (11/98)