

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 5: 55

DOCUMENT # N36084 (4)

1. Corporation Name

SABAL COVE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P O BOX ~~800~~ **8508**
LONGBOAT KEY FL 34228

P O BOX ~~800~~ **8508**
LONGBOAT KEY FL 34228

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/12/1990** 3a. Date of Last Report **04/20/1994**

4. FEI Number **65-0192077** Applied For Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 **P.O. Box 8508**

26 **P.O. Box 8508**

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

Same

28 City & State

Same

24 Zip

25 Country

Same

29 Zip

30 Country

Same

5. Certificate of Status Desired **\$6.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~ANGEL CAROL
3174 GULF OF MEXICO DR
LONGBOAT KEY FL 34228~~

81 Name **HARDY Services, Inc dba Longboat Key Maint.**

82 Street Address (P.O. Box Number is Not Acceptable)
5620 Gulf of Mexico Dr, #6

83

84 City **Longboat Key** FL 85 Zip Code **34228**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

3-27-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **GERRETT, NIGEL**
STREET ADDRESS **3348 SABAL COVE LN**
CITY - ST - ZIP **LONGBOAT KEY FL**

1.1 TITLE **D** Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE **STD**
NAME **DEARSLY, NIGEL**
STREET ADDRESS **3348 SABAL COVE LN**
CITY - ST - ZIP **LONGBOAT KEY FL**

2.1 TITLE **D** Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE **VD**
NAME **DIAMONT, ROBERT**
STREET ADDRESS **3351 SABAL COVE LANE**
CITY - ST - ZIP **LONGBOAT KEY FL**

3.1 TITLE **D** Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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 110.07(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; and that I am authorized 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 my initials.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-95 (813) 383 0518