

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91237 011 ****61.25

DOCUMENT # N36084
 1. Entity Name
 SABAL COVE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
 P O BOX 8508
 LONGBOAT KEY, FL 34228-8508 US

Mailing Address
 P O BOX 8508
 LONGBOAT KEY, FL 34228-8508 US

64067090



2. Principal Place of Business
 C/O: Beth Callans Mgmt
 Suite, Apt. #, etc.
 595 Bay Isles Rd #200
 City & State
 Longboat Key, FL
 Zip
 34228 Country
 USA

3. Mailing Address
 Beth Callans Mgmt
 Suite, Apt. #, etc.
 595 Bay Isles Rd #200
 City & State
 Longboat Key, FL
 Zip
 34228 Country
 USA

04102004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent
 LONGBOAT KEY MAINT.
 5620 GULF OF MEXICO DR
 SUITE 6
 LONGBOAT KEY, FL 34228

4. FEI Number
 65-0192077 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 Name
 Beth Callans Mgmt
 Street Address (P.O. Box Number is Not Acceptable)
 595 Bay Isles Rd
 Suite 200
 City
 Longboat Key FL Zip Code
 34228

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [Signature] DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MENELL, NORMAN J 3326 SABAL COVE LANE LONGBOAT KEY, FL 34228 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCCARTHY, ROBERT C 3318 SABAL COVE LANE LONGBOAT KEY, FL 34228 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HERMAN, WILLIAM 3351 SABAL COVE LANE LONGBOAT KEY, FL 34228 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD Beth Callans 595 Bay Isles Rd #200 Longboat Key, FL 34228 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with my address, with all other life empowered.

SIGNATURE: [Signature] Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR