

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90058 007 ****61.25

DOCUMENT # N36084

1. Entity Name
SABAL COVE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
C/O BETH COLLANS MGMT
595 BOY ISLE RD #200
LONGBOAT KEY, FL 34228 US

Mailing Address
C/O BETH COLLANS MGMT
595 BOY ISLE RD #200
LONGBOAT KEY, FL 34228 US

900-



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

01122006 Chg-NP CR2E037 (11/05)

City & State

4. FEI Number
65-0192077

Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

BETH COLLANS MGMT
595 BOY ISLE RD #200
LONGBOAT KEY, FL 34228

7. Name and Address of New Registered Agent

Name
Beth Callans Management Corp.

Street Addr
595 Bay Isles Road Suite 200

City
Longboat Key, FL. 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 *Beth Callans* 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, 2006

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILLIS, IAN	
STREET ADDRESS	3306 SABAL COVE LN	
CITY-ST-ZIP	LONGBOAT KEY, FL 34228	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BECKMEIR, WILSON	
STREET ADDRESS	3340 SABAL COVE LN	
CITY-ST-ZIP	LONGBOAT KEY, FL 34228	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HERMAN, WILLIAM	
STREET ADDRESS	3351 SABAL COVE LANE	
CITY-ST-ZIP	LONGBOAT KEY, FL 34228	
TITLE	AD	<input type="checkbox"/> Delete
NAME	CALLANS, BETH	
STREET ADDRESS	595 BOY ISLE RD #200	
CITY-ST-ZIP	LONGBOAT KEY, FL 34228	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Willis, Ian	
STREET ADDRESS	3306 Sabal Cove Lane	
CITY-ST-ZIP	Longboat, Key, FL 34228	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 an address, with all other like empowered.

SIGNATURE: *William Herman* **WILLIAM HERMAN** 1-17-06 941-383-9757

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #