

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36084

FILED  
Feb 10, 2011  
Secretary of State

**Entity Name:** SABAL COVE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 65-0192077      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BETH CALLANS MANAGEMENT CORP.  
595 BAY ISLES RD  
#200  
LONGBOAT KEY, FL 34228 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: SD  
Name: LINHART, LARRY  
Address: 3313 SABAL COVE DR  
City-St-Zip: LONGBOAT KEY, FL 34228

Title: PD  
Name: BECKMEYER, WILLIAM  
Address: 3340 SABAL COVE LN  
City-St-Zip: LONGBOAT KEY, FL 34228

Title: TD  
Name: BLOCH, JACK  
Address: 3330 SABAL COVE LN  
City-St-Zip: LONGBOAT KEY, FL 34228

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM BECKMEYER

PD

02/10/2011

Electronic Signature of Signing Officer or Director

Date