

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N36084** (4)
1. Corporation Name
SABAL COVE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
P O BOX 8508 LONGBOAT KEY FL 34228 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/12/1990	3a. Date of Last Report 04/03/1995
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0192077	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
LONGBOAT KEY MAINT. 5620 GULF OF MEXICO DR SUITE 6 LONGBOAT KEY FL 34228				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City

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 _____ DATE _____
Signature typed or printed name of registered agent and the filer (if filer is not the registered agent) (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS ONLY	
TITLE	D <input checked="" type="checkbox"/> DELETE	11 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GERRETT, NIGEL	12 NAME	MENELL, NORMAN J.
STREET ADDRESS	3348 SABAL COVE LN	13 STREET ADDRESS	3326 SABAL COVE LANE
CITY-ST-ZIP	LONGBOAT KEY FL	14 CITY-ST-ZIP	LONGBOAT KEY, FL 34228
TITLE	D <input checked="" type="checkbox"/> DELETE	21 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEARSLY, NIGEL	22 NAME	MCCARTHY, ROBERT C.
STREET ADDRESS	3348 SABAL COVE LN	23 STREET ADDRESS	3318 SABAL COVE LANE
CITY-ST-ZIP	LONGBOAT KEY FL	24 CITY-ST-ZIP	LONGBOAT KEY, FL 34228
TITLE	D <input type="checkbox"/> DELETE	31 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAMONT, ROBERT	32 NAME	DIAMANT, ROBERT
STREET ADDRESS	3351 SABAL COVE LANE	33 STREET ADDRESS	3351 SABAL COVE LANE
CITY-ST-ZIP	LONGBOAT KEY FL	34 CITY-ST-ZIP	LONGBOAT KEY, FL 34228
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	500001761585
STREET ADDRESS		63 STREET ADDRESS	-03/28/96--01088--027
CITY-ST-ZIP		64 CITY-ST-ZIP	***61.25

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 119.07(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 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 in an attachment with an address.

SIGNATURE: *[Signature]* DATE: **3/14/96** TELEPHONE: **941 383-7424**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)