

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N36084

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

**Current Principal Place of Business:**

9031 TOWN CENTER PKWY  
BRADENTON, FL 34202

**Current Mailing Address:**

595 BAY ISLES ROAD  
200  
LONGBOAT KEY, FL 34228 US

**FEI Number:** 65-0192077

**Certificate of Status Desired:** No

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

ADVANCED MGMT OF SOUTHWEST FLORIDA, INC  
9031 TOWN CENTER PKWY  
BRADENTON, FL 34202 US

*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

**Officer/Director Detail :**

Title P  
Name CRAIG, CYNTHIA  
Address 9031 TOWN CENTER PKWY  
City-State-Zip: BRADENTON FL 34202

Title VP  
Name BLOCH, JACK  
Address 9031 TOWN CENTER PKWY  
City-State-Zip: BRADENTON FL 34202

Title T  
Name ROSS, MARTIN  
Address 9031 TOWN CENTER PKWY  
City-State-Zip: BRADENTON FL 34202

Title AS  
Name WILSON, DOUGLAS E  
Address 9031 TOWN CENTER PKWY  
City-State-Zip: BRADENTON FL 34202

Title SECRETARY  
Name BLUME, JOHN  
Address 9031 TOWN CENTER PKWY  
City-State-Zip: BRADENTON FL 34202

Title DIRECTOR  
Name LINHART, LARRY  
Address 9031 TOWN CENTER PKWY  
City-State-Zip: BRADENTON FL 34202

*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:** DOUGLAS E. WILSON

**ASST. SECRETARY**

**04/03/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date