

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36084

Entity Name: SABAL COVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

595 BAY ISLES RD, STE #100
LONGBOAT KEY, FL 34228

FILED
Apr 01, 2020
Secretary of State
4576817462CC

Current Mailing Address:

P.O. BOX 8158
LONGBOAT KEY, FL 34228 US

FEI Number: 65-0192077

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NOVAK, DAVID E.
595 BAY ISLES RD STE 100
LONGBOAT, FL 34228 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 PRESIDENT
Name CRAIG, CYNTHIA
Address P.O. BOX 8158
City-State-Zip: LONGBOAT KEY FL 34228

Title DIRECTOR
Name BLOCH, JACK
Address P.O. BOX 8158
City-State-Zip: LONGBOAT KEY FL 34228

Title TREASURER
Name GUTRIDGE, DAVID
Address P.O. BOX 8158
City-State-Zip: LONGBOAT KEY FL 34228

Title VP
Name BLUME, MYRNA
Address P.O. BOX 8158
City-State-Zip: LONGBOAT KEY FL 34228

Title SECRETARY
Name WARSHAW, ARTHUR
Address P.O. BOX 8158
City-State-Zip: LONGBOAT KEY FL 34228

Title ASST. SECRETARY
Name NOVAK, DAVID
Address P.O. BOX 8158
City-State-Zip: SARASOTA 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: DAVID NOVAK

MANAGER

04/01/2020

Electronic Signature of Signing Officer/Director Detail

Date