

**2022 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 #225  
LONGBOAT KEY, FL 34228

**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 225  
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            TREASURER, VP  
Name            GUTRIDGE, DAVID  
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

Title            SECRETARY  
Name            QUINN, JOHN  
Address        PO BOX 8158  
City-State-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:** DAVID NOVAK

CAM

04/29/2022

Electronic Signature of Signing Officer/Director Detail

Date