

2024 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	ASST. SECRETARY
Name	NOVAK, DAVID
Address	P.O. BOX 8158
City-State-Zip:	SARASOTA FL 34228

Title	DIRECTOR
Name	SMITH, RICK
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	SECRETARY
Name	QUINN, JOHN
Address	PO BOX 8158
City-State-Zip:	LONGBOAT KEY FL 34228

Title	DIRECTOR
Name	CHRISTIAN, JUDY
Address	P.O. 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

ASST SECY

04/29/2024

Electronic Signature of Signing Officer/Director Detail_____
Date