## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

111

1. Corporation Name (4)													
SABAL	. COVE H	OMEOWNERS ASS	OCIATION	I, INC.					1		OU OLOH MENI		
Principal Place	s	Mailing A											
P O BOX 8508 LONGBOAT KE	1	P O BOX	P O BOX 8508 LONGBOAT KEY FL 34228-8508										
US			US					ŀ	3. Date Incorporated or Qualified 01/12/1990	3a. Da	03/28/19	eport 96	
2. Principal P	lace of Busin	ness	2a. Mailir	2a. Mailing Address					4. FEI Number 65-0192077	<b>.</b>	Af	oplied For	_
Suite, Apt.	# oto		26 Suite	Suite, Apt. #, etc.					00 0 192011	·		ot Applicable Additional	-
22	π, <del>υ</del> ιο		27						5. Certificate of Status Desired			Additional equired	
City & State	е			City & State					6. Election Campaign Financing		\$5.00	May Be	1
23			28		<del>,</del>				Trust Fund Contribution		Added	to Fees	4
Zip	Country 25			Zip Cou 29 30			1		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No				
24 .	9. Name	and Address of Current		Agent	1301		<del></del>		10. Name and Address of New Re				-
					1	B1	Name		· · · · · · · · · · · · · · · · · · ·				7
	OAT KEY N						Street A	Addres	s (P.O. Box Number is Not Acceptat			$\dashv$	
	ULF OF ME	EXICO DR											
SUITE (					1	93							
LUNUB	oat key f					City			FL	<b>85</b> Zip	Code	1	
11. Pursuant	to the provis	ions of Sections 617.0502	and 617.150	8, Florida Statut	es, the ab	OV6	e-named	corpor	ation submits this statement for the parties and of directors. I hereby acce		changing i	ts registered	1
office or r agent. I a	registered ag ım familiar w	gent, or both, in the State i ith, and accept the obliga	of Florida. Sui tions of, Secti	ch change was i ion 617.0503, Fi	authorized orida Statu	by	y the corp s.	oration	n's board of directors. I hereby acce,	pt the app	ointment <b>a</b> s	registered	
SIGNATURE							·					·	
12.	Signature, typed	or printed name of registered ager OFFICERS AND				Age	eni signalure	required	when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE CERS AND	DIRECTOR	RS IN 12	4
TITLE	D					1.1 TITLE V.			<del></del>	00.107.11	☐ Change	** Addition	1
NAME	MENELL, NORMAN J			1.		1.2 NAME		<b>v</b> .,,,					
STREET ADDRESS		ABAL COVE LANE		1.3 S			1.3 STREET ADDRESS						li
CITY-ST-ZIP	LONGE	OAT KEY FL 34228					1.4 City-St-ZiP		···				_ ;
TITLE	D			☐ DELETE	2.1 TITL		Ī	Tis			Change	Addition	'   '
NAME	MCCARTHY, ROBERT C 3318 SABAL COVE LANE						2.2 NAME		i				١
STREET ADDRESS		OAT KEY FL 34228					2.3 STREET ADDRESS 2.4 CITY-ST-ZIP						
CITY - \$1 - ZIP TITLE		D ·		DELETE	3.1 (11)						Change	Addition	$\forall$
NAME	_	NT, ROBERT			32 NAME		1	T					١
STREET ADDRESS		ABAL COVE LANE					ADDRESS						
CITY - ST - ZIP		OAT KEY FL 34228			3.4. СП	Y-8	ST-ZIP						╛
TITLE				DELETE	4.1 TITI	LE				-	Change	☐ Addition	, ]
NAME	1				4. 2 NA	ME							
STREET ADDRESS	1						ADORESS						
CHTY - ST - ZIP				DELETE	4.4 CITY		ST-ZIP				☐ Change	☐ Addition	+
TITLE	1			- orrese	5.1 TITLE 5.2 NAME						— outlings	، الر	۸,
NAME STREET ADDRESS	1				5.3 STREET ADDRESS			7000021 -04/17/9701 ***61.25	ars	: A - N	-km'()	介	
CITY-ST-ZIP	1	The state of the s			5.4 CITY-ST-ZIP			7000021	003	nn4 \	$M_{V_{\rho}}$	1	
TITLE	<del> </del>				1 TITLE			<del>-1]4/1 //3/==U1</del>		Change	Addition	1	
NAME	1				6.2 NA	WE			***61、どう				1
STREET ADDRESS	1				6.3 STF	REET	T ADORESS						
City, ST. 7/P	I				6.4 CiT	v. s	T. 7IP						

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 changes, or organ agachment with an address.

SIGNATURE:

The Minkelly REQUIREVERHOURA

**FILED** 

Apr 16 1997 8:00am

Secretary of State