
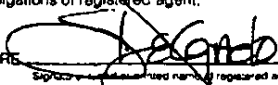
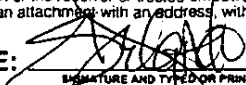


**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90068 007 \*\*\*\*61.25

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # N98000005247</b>					
1. Entity Name SABAL COVE RESIDENTS' ASSOCIATION, INC.					
Principal Place of Business C/O INDEPENDENT MGMT 27499 RIVERVIEW CTR BLVD STE 207 BONITA SPRINGS, FL 34134			Mailing Address C/O INDEPENDENT MGMT 27499 RIVERVIEW CTR BLVD STE 207 BONITA SPRINGS, FL 34134		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc. <b>242</b>			Suite, Apt. #, etc. <b>242</b>		
City & State			City & State		
Zip		Country		Zip	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>SHLEDS, CHRISTOPHER J</b> INDEPENDENT MGT LLC 27499 RIVERVIEW CTR BLVD STE 207 BONITA SPRINGS, FL 34134				7. Name and Address of New Registered Agent Name <b>Susan Delgado</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 		(NOTE: Registered Agent signature required when remaining)		DATE <b>4-20-07</b>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RECKERT, ARNOLD 9013 SPRING RUN BLVD BONITA SPRINGS, FL 34135 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT LYNN CAROLAN 9029 SPRING RUN BLVD BONITA SPRINGS FL 34135 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCCONNELL, F ERNEST 9039 SPRING RUN BLVD. BONITA SPRINGS, FL 34135 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPISEY JOAN MACKOWITZ 9105 SPRING RUN BLVD BONITA SPRINGS FL 34131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SLOMBOWSKI, RICHARD 9021 SPRING RUN BLVD BONITA SPRINGS, FL 34135 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER DEAN RUSTARD 9099 SPRING RUN BLVD BONITA SPRINGS FL 34135 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		Date <b>4/30/07</b>		Director's Phone #	

66012638



04022007 Chg-NP CR2E037 (12/06)

4. FEI Number 03-0404947 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

Name **Susan Delgado**  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

Filing Fee is \$61.25  
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

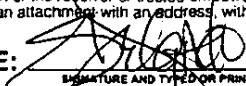
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SIGNATURE: 

Date **4/30/07**

Director's Phone #