

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 02, 2009
Secretary of State**

DOCUMENT# N98000005247

Entity Name: SABAL COVE RESIDENTS' ASSOCIATION, INC.

Current Principal Place of Business:

C/O INDEPENDENT MGMT
242
BONITA SPRINGS, FL 34134

New Principal Place of Business:

1035 COLLIER CENTER WAY
SUITE 7
NAPLES, FL 34110

Current Mailing Address:

C/O INDEPENDENT MGMT
242
BONITA SPRINGS, FL 34134

New Mailing Address:

1035 COLLIER CENTER WAY
SUITE 7
NAPLES, FL 34110

FEI Number: 03-0404947 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, SUSAN
1035 COLLIER CENTER WAY
#7
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CAROLAN, LYNN
Address: 9029 SPRING RUN BLVD
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VS () Delete
Name: MARKIEWICZ, JOANNE
Address: 9105 SPRING RUN BLVD
City-St-Zip: BONITA SPRINGS, FL 34135

Title: T () Delete
Name: OBERRATH, KAREY
Address: 9105 SPRING RUN BLVD
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: CAROLAN, LYNN
Address: 9029 SPRING RUN BLVD
City-St-Zip: BONITA SPRINGS, FL 34135

Title: DVPS (X) Change () Addition
Name: MARKIEWICZ, JOANNE
Address: 9105 SPRING RUN BLVD
City-St-Zip: BONITA SPRINGS, FL 34135

Title: DT (X) Change () Addition
Name: OBERRATH, KAREN
Address: 9105 SPRING RUN BLVD
City-St-Zip: BONITA SPRINGS, FL 34135

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LYNN CAROLAN

DP

04/02/2009

Electronic Signature of Signing Officer or Director

_____ Date