

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005247

FILED
Apr 01, 2010
Secretary of State

Entity Name: SABAL COVE RESIDENTS' ASSOCIATION, INC.

Current Principal Place of Business:

1035 COLLIER CENTER WAY
SUITE 7
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

1035 COLLIER CENTER WAY
SUITE 7
NAPLES, FL 34110

New Mailing Address:

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: DT
Name: STARO, CHARLES
Address: 9101 SPRING RUN BLVD.
City-St-Zip: BONITA SPRINGS, FL 34135

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

Title: DP
Name: OBERRATH, KAREN
Address: 9105 SPRING RUN BLVD
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D
Name: LOCKHART, PAULA
Address: 9049 SPRING RUN BLVD.
City-St-Zip: BONITA SPRINGS, FL 34135

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: KAREN OBERRATH

DP

04/01/2010

Electronic Signature of Signing Officer or Director

Date