

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005247

Entity Name: SABAL COVE RESIDENTS' ASSOCIATION, INC.

Current Principal Place of Business:

1035 COLLIER CENTER WAY
SUITE 7
NAPLES, FL 34110

Current Mailing Address:

1035 COLLIER CENTER WAY
SUITE 7
NAPLES, FL 34110

FEI Number: 03-0404947

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THOMPSON, SUSAN
1035 COLLIER CENTER WAY
#7
NAPLES, FL 34110 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 TREASURER
Name THOMAS, KEN
Address 9095 SPRING RUN BLVD
City-State-Zip: BONITA SPRINGS FL 34135

Title DVP
Name FESTA, JOE
Address 9089 SPRING RUN BLVD
City-State-Zip: BONITA SPRINGS FL 34135

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

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

Title SECRETARY
Name OESTREICH, DEAN
Address 9053 SPRING RUN BLVD
City-State-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

PRESIDENT

03/25/2013

Electronic Signature of Signing Officer/Director Detail

Date