## Entity Name: SABAL COVE RESIDENTS' ASSOCIATION, INC.

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

### **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

DOCUMENT# N9800005247

#### FEI Number: 03-0404947

#### Name and Address of Current Registered Agent:

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

Certificate of Status Desired: No

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

#### **Officer/Director Detail :**

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Title	PRESIDENT	Title	VP
Name	THOMAS, KEN	Name	LOCKHART, PAULA
Address	9095 SPRING RUN BLVD	Address	9049 SPRING RUN BLVD.
City-State-Zip	BONITA SPRINGS FL 34135	City-State-Zip:	BONITA SPRINGS FL 34135
Title	TREASURER	Title	SECRETARY
Name	PECK, ROBERT	Name	ROMANO, SUSAN
Address	9105 SPRING RUN BLVD	Address	9023 SPRING RUN BLVD
City-State-Zip	BONITA SPRINGS FL 34135	City-State-Zip:	BONITA SPRINGS FL 34135
Title	DIRECTOR	Title	TREASURER
Title Name	DIRECTOR GULLOTTI, MARY ANN	Title Name	TREASURER PECK, ROBERT
Name	GULLOTTI, MARY ANN 9075 SPRING RUN BLVD	Name	PECK, ROBERT
Name Address	GULLOTTI, MARY ANN 9075 SPRING RUN BLVD	Name Address	PECK, ROBERT 9105 SPRING RUN BLVD
Name Address City-State-Zip	GULLOTTI, MARY ANN 9075 SPRING RUN BLVD D: BONITA SPRINGS FL 34135	Name Address City-State-Zip:	PECK, ROBERT 9105 SPRING RUN BLVD BONITA SPRINGS FL 34135
Name Address City-State-Zip Title	GULLOTTI, MARY ANN 9075 SPRING RUN BLVD D: BONITA SPRINGS FL 34135 SECRETARY	Name Address City-State-Zip: Title	PECK, ROBERT 9105 SPRING RUN BLVD BONITA SPRINGS FL 34135 DIRECTOR
Name Address City-State-Zip Title Name	GULLOTTI, MARY ANN 9075 SPRING RUN BLVD D: BONITA SPRINGS FL 34135 SECRETARY ROMANO, SUSAN 9023 SPRING RUN BLVD	Name Address City-State-Zip: Title Name	PECK, ROBERT 9105 SPRING RUN BLVD BONITA SPRINGS FL 34135 DIRECTOR GULLOTTI, MARY ANN

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.

PRESIDENT

SIGNATURE: KEN 1	THOMAS
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Electronic Signature of Signing Officer/Director Detail

# FILED Apr 08, 2014 Secretary of State CC9061167365

04/08/2014

Date