

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005247

Entity Name: SABAL COVE RESIDENTS' ASSOCIATION, INC.

FILED
Mar 11, 2015
Secretary of State
CC2469715047

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 PRESIDENT
Name THOMAS, KEN
Address 9095 SPRING RUN BLVD
City-State-Zip: BONITA SPRINGS FL 34135

Title TREASURER
Name POTERE, WILLIAM
Address 9043 SPRING RUN BLVD
City-State-Zip: BONITA SPRINGS FL 34135

Title TREASURER
Name PECK, ROBERT
Address 9105 SPRING RUN BLVD
City-State-Zip: BONITA SPRINGS FL 34135

Title SECRETARY
Name ROMANO, SUSAN
Address 9023 SPRING RUN BLVD
City-State-Zip: BONITA SPRINGS FL 34135

Title DIRECTOR
Name GULLOTTI, MARY ANN
Address 9075 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: KEN THOMAS

PRESIDENT

03/11/2015

Electronic Signature of Signing Officer/Director Detail

Date