

# 2000 UNIFORM BUSINESS REPORT (UBR)

102

DOCUMENT # N98000005247

1. Entity Name

SABAL COVE RESIDENTS' ASSOCIATION, INC.

FILED

00 OCT -2 PM 2: 22

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

C/O PULTE HOME CORPORATION  
9220 BONITA BEACH ROAD #215  
FORT MYERS FL 34145

C/O PULTE HOME CORPORATION  
9220 BONITA BEACH ROAD #215  
FORT MYERS FL 34145

2. Principal Place of Business  
c/o Integrated Property Management

3. Mailing Address  
c/o Integrated Property Management

Suite, Apt. #, etc.  
3435 10th Street N., Suite 201

Suite, Apt. #, etc.  
3435 10th Street N., Suite 201

City & State  
Naples, Florida

City & State  
Naples, Florida

Zip  
34103

Country  
USA

Zip  
34103

Country  
USA

521259203205#0125  
DO NOT WRITE IN THIS SPACE

4. FEI Number  
APPLIED FOR  
Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

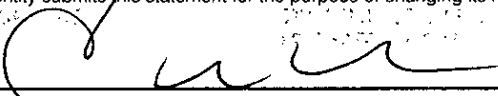
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOLPERT, GREG G  
C/O PULTE HOME CORPORATION  
9220 BONITA BEACH ROAD #215  
BONITA SPRINGS FL 34135

Name  
Shields, Christopher J.  
Street Address (P.O. Box Number is Not Acceptable)  
1833 Hendry Street  
PO Drawer 1507  
City  
Ft. Myers FL Zip Code  
33902

8. 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 

9/22/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25  
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>WOLPERT, GREG G<br>C/O 9220 BONITA BEACH ROAD #215<br>FORT MYERS FL 34145 <input checked="" type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>W. MICHAEL MEEKS<br>C/O 9220 BONITA BEACH ROAD #215<br>FORT MYERS FL 34145 <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>R. SCOTT GRIFFITH<br>C/O 9220 BONITA BEACH ROAD #215<br>FORT MYERS FL 34145 <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D/P<br>Scandale, Frank<br>9015 Spring Run Blvd.<br>Bonita Springs, FL 34135 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D/V P<br>McConnell, Carol<br>9039 Spring Run Blvd<br>Bonita Springs, FL 34135 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D/S/T<br>Frost, Robert<br>9035 Spring Run Blvd<br>Bonita Springs, FL 34135 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | AS/AT<br>Bechtel, Rick<br>3435- 10th Street N.; #201<br>Naples, FL 34103 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/22/00  
Date

941-434-7447  
Daytime Phone #

KE

CR2E037 (5/00)

2082

Form **SS-4**

**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN  
OMB No. 1545-0003

Department of the Treasury  
Internal Revenue Service

Keep a copy for your records.

1 Name of applicant (legal name) (see instructions)  
**SABAL COVE HOMEOWNERS ASSOCIATION, INC.**

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name  
**INTEGRATED PROPERTY MANAGEMENT**

4a Mailing address (street address) (room, apt., or suite no.)  
**3435 10TH STREET N., SUITE 201**

5a Business address (if different from address on lines 4a and 4b)

4b City, state, and ZIP code  
**NAPLES, FL 34103**

5b City, state, and ZIP code

6 County and state where principal business is located  
**COLLIER, NAPLES**

7 Name of principal officer, general partner, grantor, owner, or trustee — SSN or ITIN may be required (see instructions) ▶

8a Type of entity (Check only one box.) (see instructions)  
Caution: If applicant is a limited liability company, see the instructions for line 8a.

Sole proprietor (SSN)  Estate (SSN of decedent)

Partnership  Personal service corp.  Plan administrator (SSN)

REMIC  National Guard  Other corporation (specify) ▶ **HOMEOWNERS ASSOCIATION**

State/local government  Farmers' cooperative  Trust

Church or church-controlled organization  Federal government (military)

Other nonprofit organization (specify) ▶ (enter GEN if applicable)

Other (specify) ▶

8b If a corporation, name the state or foreign country (if applicable) where incorporated **FLORIDA** Foreign country

9 Reason for applying (Check only one box.) (see instructions)

Started new business (specify type) ▶ **HOMEOWNERS ASSOCIATION**

Banking purpose (specify purpose) ▶

Changed type of organization (specify new type) ▶

Hired employees (Check the box and see line 12.)  Purchased going business

Created a pension plan (specify type) ▶  Created a trust (specify type) ▶  Other (specify) ▶

10 Date business started or acquired (month, day, year) (see instructions) **10/12/1998**

11 Closing month of accounting year (see instructions) **DECEMBER 31**

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ **N/A**

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0- (see instructions)

|                 |             |           |
|-----------------|-------------|-----------|
| Nonagricultural | Agriculture | Household |
| 0               | 0           | 0         |

14 Principal activity (see instructions) ▶ **HOMEOWNERS ASSOCIATION**

15 Is the principal business activity manufacturing?  Yes  No  
If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check one box.

Public (retail)  Other (specify) ▶ **TENANTS OF THE ASSOCIATION**  Business (wholesale)

NA

17a Has the applicant ever applied for an employer identification number for this or any other business?  Yes  No  
Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above

Legal name ▶ Trade name ▶

17c Approximate date when, and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year) City and state where filed Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief it is true, correct, and complete.

Name and title (Please type or print clearly.) ▶ **Richard Bechtel Assistant Secretary**

Signature ▶ *[Signature]* Date ▶ **7/3/00**

Business telephone number (include area code) **941-434-7447**

Fax telephone number (include area code) **941-434-0379**

Note: Do not write below this line. For official use only.

|                      |      |      |       |      |                     |
|----------------------|------|------|-------|------|---------------------|
| Please leave blank ▶ | Geo. | Inc. | Class | Size | Reason for applying |
|----------------------|------|------|-------|------|---------------------|

COPY