

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

000290

DOCUMENT # N98000005247

1. Entity Name

SABAL COVE RESIDENTS' ASSOCIATION, INC.

05-02-2001 90150 022 ****61.25

Principal Place of Business

Mailing Address

C/O INTERGRATED PROPERTY MANAGEMENT
 3435 10TH STREET N., SUITE 201
 NAPLES FL 34103

C/O INTERGRATED PROPERTY MANAGEMENT
 3435 10TH STREET N., SUITE 201
 NAPLES FL 34103

00043040



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

(See attached) **APPLIED FOR**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SHIELDS, CHRISTOPHER J
1833 HENDRY STREET
PO DRAWER 1507
FT. MYERS FL 33902

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

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	D/P	<input type="checkbox"/> Delete
NAME	SCANDALE, FRANK	
STREET ADDRESS	9015 SPRING RUN BLVD.	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	D/VP	<input type="checkbox"/> Delete
NAME	MCCONNELL, CAROL	
STREET ADDRESS	9039 SPRING RUN BLVD.	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	FROST, ROBERT	
STREET ADDRESS	9035 SPRING RUN BLVD.	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	ASAT	<input type="checkbox"/> Delete
NAME	BECHTEL, RICK	
STREET ADDRESS	3435 10TH STREET N., #201	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCANDALE, FRANK	
STREET ADDRESS	9015 Spring Run Blvd.	
CITY-ST-ZIP	Bonita Springs, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FROST, ROBERT	
STREET ADDRESS	9035 Spring Run Blvd.	
CITY-ST-ZIP	Bonita Springs, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Rick Bechtel

4/24/01

941-434-7447

Date

Daytime Phone #

CR2E037 (10/00)

1120-H

U.S. Income Tax Return for Homeowners Associations

OMB No. 1545-0127

2000

Department of the Treasury Internal Revenue Service

For calendar year 2000 or tax year beginning , 2000, and ending , 20

Name: SABAL COVE HOMEOWNERS' ASSOCIATION, INC. Employer identification number: APPLIED FOR. Address: C/O IPM, 3435 10TH STREET N, SUITE 201, NAPLES, FL 34103. Date association formed: 10/12/98

COPY

Check if: (1) Final return (2) Change of address (3) Amended return

Check type of homeowners association: [] Condominium management association [X] Residential real estate association [] Timeshare association

Table with 2 columns: Description and Amount. Rows include Total exempt function income (103,028), Total expenditures (86,615), Association's total expenditures (87,497), and Tax-exempt interest received.

Gross Income (excluding exempt function income)

Table with 2 columns: Description and Amount. Rows include Dividends, Taxable interest (2,136), Gross rents, Gross royalties, Capital gain net income, Net gain (or loss) from Form 4797, Other income (300), and Gross income (2,436).

Deductions (directly connected to the production of gross income, excluding exempt function income)

Table with 2 columns: Description and Amount. Rows include Salaries and wages, Repairs and maintenance, Rents, Taxes and licenses, Interest, Depreciation, Other deductions (882), Total deductions (882), Taxable income before specific deduction (1,554), and Specific deduction of \$100.

Tax and Payments

Table with 2 columns: Description and Amount. Rows include Taxable income (1,454), 30% of line 19 (436), Tax credits, Total tax (436), Payments (a-g), Tax due (436), Overpayment, and Credited to 2001 estimated tax (0).

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

Signature of officer, Date, Title

Preparer's information: Signature of Scott D. Hennells, CPA, Date 2/25/01, Firm name WIEBEL, HENNELLS & CARUFE, P.A., EIN 65-0116709, Address PO BOX 1658, BONITA SPRINGS, FL 34133, Phone 941/992-6211

CLIENT'S COPY