2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 02, 2001 8:00 am Secretary of State DOCUMENT # N9800005247 SABAL COVE RESIDENTS' ASSOCIATION, INC. 05-02-2001 90150 022 ****61.25 Principal Place of Business Mailing Address C/O INTERGRATED PROPERTY MANAGEMENT C/O INTERGRATED PROPERTY MANAGEMENT DUV40VAU 3435 10TH STREET N., SUITE 201 3435 10TH STREET N., SUITE 201 NAPLES FL 34103 NAPLES FL 34103 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For see attached APPLIED FOR Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) SHILEDS, CHRISTOPHER J 1833 HENDRY STREET PO DRAWER 1507 City Zip Code FT. MYERS FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. D/P 5/7/D ☐ Delete TITLE TITLE Change ☐ Addition SCANDALE, FRANK SCANDALE, FRANK NAME NAME 9015 Spring Run Blod. STREET ADDRESS 9015 SPRING RUN BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BONITA SPRINGS FL** Bonita Springs DNP ☐ Delete TITLE ☐ Change Addition TITLE MCCONNELL, CAROL NAME NAME STREET ADDRESS STREET ADDRESS 9039 SPRING RUN BLVD. CITY-ST-ZIP CITY-ST-ZIP BONITA SPRINGS FL DST ☐ Delete PID TITLE TITLE M Change ☐ Addition FROST, ROBERT FROST, ROBERT NAME NAME 9035 spring Run Blod. STREET ADDRESS 9035 SPRING RUN BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BONITA SPRINGS FL** Bonita Springs, FL **ASAT** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BECHTEL, RICK NAME STREET ADDRESS STREET ADDRESS 3435 10TH STREET N., #201 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34103 ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 true deep empowered to execute the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or true deep empowered to execute all the property as the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or true deep empowered to execute all the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or true and same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or true and same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or true and same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or true and same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation changed, or on an attachment with a

Rick Bechtel

r calendar year 2000 or tax year beginning

OMB No. 1545-0127

2000

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artment of the Treasury mal Revenue Service

U.S. Income Tax Return 80045020 for Homeowners Associations

, 2000, and ending

Name S CARAL COVE HOMEOWNERS! ASSOCIATION INC	Employer Identification number (see page 4) APPLIED FOR		
bel. SABAL COVE HOMEOWNERS ASSOCIATION, INC.	Date association former	-	
ther- Number, street, and room or suite no. (If a P.O. box, see page 4.) Se. C/O IPM, 3435 10TH STREET N, SUITE 201	Date association forme		
int or City or town, state, and ZIP code	\	لما	
Pe. NAPLES, FL 34103	10/12/98		O II II
eck 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			
Total exempt function income. Must meet 60% gross income test (see instruction		В	103,028
Total expenditures made for purposes described in 90% expenditure test (see in:		C	86,615
Association's total expenditures for the tax year (see instructions)		D	87,497
Tax-exempt interest received or accrued during the tax year	· · · · · · <u>·</u> · · · · · · · · · ·	E	
Gross Income (excluding exempt function income)			
Dividends		1	
Taxable interest		2	2,136
Gross rents		3	
Gross royalties		4	
Capital gain net income (attach Schedule D (Form 1120))		5	
Net gain (or loss) from Form 4797, Part II, line 18 (attach Form 4797)	• • • • • • • • • • • • • • • • • • • •	6	
Other income (excluding exempt function income) (attach schedule)	• • • • • • • • • • • • • • • • • • • •	7	300
Gross Income (excluding exempt function income). Add lines 1 through 7		8	2,436
Deductions (directly connected to the production of gross income, excluding exempt function income) Salaries and wages			
Repairs and maintenance		10	
Rents		11	
Taxes and licenses		12	
Interest		13	
Depreciation (attach Form 4562)		14	
Other deductions (attach schedule)		15	882
Total deductions. Add lines 9 through 15		16	882
Taxable income before specific deduction of \$100. Subtract line 16 from line 8		17	1,554
Specific deduction of \$100		18	\$100.00
Tax and Payments			
Taxable income. Subtract line 18 from line 17		19	1,454
Enter 30% of line 19. (Timeshare associations, enter 32% of line 19.)		20	436
Tax credits (see instructions)		21	
Total tax. Subtract line 21 from line 20. See instructions for recapture of certain of	credits	22	436
Payments: a-1999 overpayment.			
credited to 2000 23a			
i	······································	-	
1		-	
f Credit for tax paid on undistributed capital gains (attach Form 2439) 23e f Credit for Federal tax on fuels (attach Form 4136) 23f		-	
g Add lines 23c through 23f		23g	
Tax due. Subtract line 23g from line 22. See instructions for depository method o	f tax navment	24	436
Overpayment. Subtract line 22 from line 23g		25	0
Enter amount of line 25 you want: Credited to 2001 estimated tax ▶	Refunded ▶	26	0
Under penalties of perjury, I declare that I have examined this return, including accompanying so	hedules and statements, a	nd to the	heat of and have lades and
belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on	all information of which pro	eparer h	as any knowledge.
Signature of effect			
	Title Processis SSN as DYN		
Preparer's signature	Check if self-	Prepa	rer's SSN or PTIN
arer's Firm's name (or	employed		-78-58 <u>62</u>
yours if self-employed) WIEBEL, HENNELLS & CARUFE, P.			116709
aperwork Reduction Act Notice, see instructions on page 4. ISA Form 1120-H (2000)			
CLIENT'S COPY			