

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90423 033 ****61.25

DOCUMENT # N98000005247

1. Entity Name

SABAL COVE RESIDENTS' ASSOCIATION, INC.

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0116709

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

SHIELDS, CHRISTOPHER J
1833 HENDRY STREET
PO DRAWER 1507
APT. 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 ~~OTD~~ Delete
 NAME **SCANDALE, FRANK**
 STREET ADDRESS **9015 SPRING RUN BLVD.**
 CITY-ST-ZIP **BONITA SPRINGS FL**

TITLE Change Addition
 NAME **V/D Scandale, Frank**
 STREET ADDRESS **9015 Spring Run Blvd.**
 CITY-ST-ZIP **Bonita Springs, FL**

TITLE ~~D/MP~~ Delete
 NAME **MCCONNELL, CAROL**
 STREET ADDRESS **9039 SPRING RUN BLVD.**
 CITY-ST-ZIP **BONITA SPRINGS FL**

TITLE Change Addition
 NAME **P/D McConnell, F. Ernest**
 STREET ADDRESS **9039 Spring Run Blvd.**
 CITY-ST-ZIP **Bonita Springs, FL - 34135**

TITLE ~~PD~~ Delete
 NAME **FROST, ROBERT**
 STREET ADDRESS **9035 SPRING RUN BLVD.**
 CITY-ST-ZIP **BONITA SPRINGS FL**

TITLE Change Addition
 NAME **S/T/D Frost, Robert**
 STREET ADDRESS **9035 Spring Run Blvd.**
 CITY-ST-ZIP **Bonita Springs, FL**

TITLE ~~ASAT~~ Delete
 NAME **BECHTEL, RICK**
 STREET ADDRESS **3435 10TH STREET N., #201**
 CITY-ST-ZIP **NAPLES FL 34103**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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: **F. ERNEST MCCONNELL**

4/11/02

239-434-7447

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-23-02

CR2E037 (9/01)