


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90115 017 ****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

Zip Country Zip Country

SABAL



CHECK HERE IF MAKING CHANGES

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

SHIELDS, CHRISTOPHER J
C/O INTERGRATED PROPERTY MANAGEMENT
**1833 HENDRY STREET
PO DRAWER 1507
FT. MYERS FL 33902**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD <input type="checkbox"/> Delete
NAME	SCANDALE, FRANK
STREET ADDRESS	9015 SPRING RUN BLVD.
CITY-ST-ZIP	BONITA SPRINGS FL 34135
TITLE	PD <input type="checkbox"/> Delete
NAME	MCCONNELL, F ERNEST
STREET ADDRESS	9039 SPRING RUN BLVD.
CITY-ST-ZIP	BONITA SPRINGS FL 34135
TITLE	STD <input type="checkbox"/> Delete
NAME	FROST, ROBERT
STREET ADDRESS	9035 SPRING RUN BLVD.
CITY-ST-ZIP	BONITA SPRINGS FL 34135
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S/T/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	V/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]* **ERNEST M. CONNELL 4/4/03 239-992-8861**

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CP2E037 (10/02)