


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2006 8:00 am
Secretary of State

05-22-2006 90039 005 ****61.25

DOCUMENT # N98000005247

1. Entity Name
SABAL COVE RESIDENTS' ASSOCIATION, INC.



Principal Place of Business
**C/O INTERGRATED PROPERTY MANAGEMENT
 3435 10TH STREET N., SUITE 201
 NAPLES, FL 34103**

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

40093511

2. Principal Place of Business
C/O Independent Management

3. Mailing Address
C/O Independent Mgmt.

Suite, Apt. #, etc.
27499 Riverview Center Blvd. #207

City & State
Bonita Springs, FL

Zip
34134

Country



05152006 Chg-NP CR2E037 (4/06)

6. Name and Address of Current Registered Agent

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

4. FEI Number
65-0192077

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name
Independent Management, LLC

Street Address (P.O. Box Number is Not Acceptable)
27499 Riverview Center Blvd. #207

City
Bonita Springs

State
FL

Zip Code
34134

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 SUSAN DELGADO, CPM, CAM 5/15/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by September 6, 2006.

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 NAME STREET ADDRESS CITY-ST-ZIP	STD RECKERT, ARNOLD 9013 SPRING RUN BLVD BONITA SPRINGS, FL 34135 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCCONNELL, F ERNEST 9039 SPRING RUN BLVD. BONITA SPRINGS, FL 34135 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SLOMBOWSKI, RICHARD 9021 SPRING RUN BLVD BONITA SPRINGS, FL 34135 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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 exemptions contained in Chapter 119, 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: S. Delgado S. DELGADO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

AS AGENT