

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 725388

**Entity Name:** SARABAY COVES ASSOCIATION, INC.

**Current Principal Place of Business:**

310 PEARL AVENUE  
SARASOTA, FL 34243

**Current Mailing Address:**

310 PEARL AVENUE  
SARASOTA, FL 34243 US

**FEI Number: 59-1543849**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

DELLCOR MANAGEMENT  
310 PEARL AVE.  
SARASOTA, FL 34243 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name WHITMER, BILL  
Address 310 PEARL AVENUE  
City-State-Zip: SARASOTA FL 34243

Title PRESIDENT  
Name MIMBS, KEVIN  
Address 310 PEARL AVENUE  
City-State-Zip: SARASOTA FL 34243

Title DIRECTOR  
Name DUDECK, RONALD  
Address 310 PEARL AVENUE  
City-State-Zip: SARASOTA FL 34243

Title SECRETARY  
Name SAMEC, NANCY  
Address 310 PEARL AVENUE  
City-State-Zip: SARASOTA FL 34243

Title VP  
Name LAFAVE, JOHN  
Address 310 PEARL AVENUE  
City-State-Zip: SARASOTA FL 34243

Title DIRECTOR  
Name HUBER, BEAU  
Address 310 PEARL AVENUE  
City-State-Zip: SARASOTA FL 34243

Title TREASURER  
Name LEVI, RICK  
Address 310 PEARL AVENUE  
City-State-Zip: SARASOTA FL 34243

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: KEVIN MIMBS**

**PRESIDENT**

**04/20/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date