

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733135

Entity Name: CAPE SABLE LAKES ASSOCIATION, INC.**Current Principal Place of Business:**6704 LONE OAK BLVD
NAPLES, FL 34109**Current Mailing Address:**6704 LONE OAK BLVD
NAPLES, FL 34109**FEI Number:** 59-1650603**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GUARDIAN PROPERTY MANAGEMENT
6704 LONE OAK BLVD
NAPLES, FL 34109 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 DIRECTOR
Name HABEL, RON
Address 277 CAPE SABLE DR
City-State-Zip: NAPLES FL 34104

Title VP
Name FROHRIEP, AUDREY
Address 153 CAPE SABLE DR
City-State-Zip: NAPLES FL 34104

Title S
Name SAGEN, STEPHANIE
Address 873 CAPE HAZE LN
City-State-Zip: NAPLES FL 34104

Title T
Name LUNDBERG, JUDITH
Address 432 CAPE FLORIDA WY
City-State-Zip: NAPLES FL 34104

Title D
Name PETRELLA, PAUL
Address 249 CAPE SABLE DRIVE
City-State-Zip: NAPLES FL 34104

Title PRESIDENT
Name BERGMAN, MICHAEL
Address 215 CAPE SABLE DR
City-State-Zip: NAPLES FL 34104

Title DIRECTOR
Name DUNCAN, JOHN
Address 273 CAPE SABLE DR
City-State-Zip: NAPLES FL 34104

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: MICHAEL BERGMAN**PRESIDENT****02/25/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date