

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000010302

**Entity Name:** SAIL COVE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

10000 GATE PARKWAY NORTH  
JACKSONVILLE, FL 32246

**Current Mailing Address:**

7645 GATE PARKWAY  
SUITE 202  
JACKSONVILLE, FL 32256

**FEI Number:** 20-3723956

**Certificate of Status Desired:** No

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

NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 SD  
Name MYERS, ROBERT  
Address 10000 GATE PARKWAY NORTH  
City-State-Zip: JACKSONVILLE FL 32246

Title PRS  
Name SARKIS, LINDA  
Address 10000 GATE PARKWAY NORTH  
City-State-Zip: JACKSONVILLE FL 32246

Title VP  
Name GRAY, JOHN  
Address 10000 GATE PARKWAY NORTH  
City-State-Zip: JACKSONVILLE FL 32246

Title D  
Name LANG, DEE DEE  
Address 10000 GATE PARKWAY NORTH  
City-State-Zip: JACKSONVILLE FL 32246

Title TREASURER  
Name CHMIELEWSKI, JACK  
Address 10000 GATE PARKWAY NORTH  
City-State-Zip: JACKSONVILLE FL 32246

*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:** LINDA SARKIS

**PRES**

**03/31/2015**

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

\_\_\_\_\_  
Date