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	04/24/2014

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

Name and Address of Current Registered Agent:

NRAI SERVICES, INC. 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US Certificate of Status Desired: No

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.

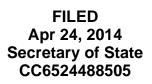
SIGNATURE:

Electronic Signature of Registered Agent

Officer/Director Detail :

Ollioci/Dires			
Title	SD	Title	PRS
Name	MYERS, ROBERT	Name	SARKIS, LINDA
Address	10000 GATE PARKWAY NORTH	Address	10000 GATE PARKWAY NORTH
City-State-Zip:	JACKSONVILLE FL 32246	City-State-Zip:	JACKSONVILLE FL 32246
Title	VP	Title	D
Name	GRAY, JOHN	Name	LANG, DEE DEE
Address	10000 GATE PARKWAY NORTH	Address	10000 GATE PARKWAY NORTH
City-State-Zip:	JACKSONVILLE FL 32246	City-State-Zip:	JACKSONVILLE FL 32246
Title	TREASURER		
Name	CHMIELEWSKI, JACK		
Address	10000 GATE PARKWAY NORTH		
City-State-Zip:	JACKSONVILLE FL 32246		

Electronic Signature of Signing Officer/Director Detail



Date