

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769477

FILED  
Jan 19, 2012  
Secretary of State

**Entity Name:** SABLE OAKS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

200 SABLE OAK LANE  
SUITE 302  
INDIAN RIVER SHORES, FL 32963

**New Principal Place of Business:**

200 SABLE OAK LANE  
SUITE 302  
INDIAN RIVER SHORES, FL 32963 UN

**Current Mailing Address:**

6001 NORTH A1A  
PMB 8005  
INDIAN RIVER SHORES, FL 32963

**New Mailing Address:**

6001 NORTH HWY A1A  
PMB 8005  
INDIAN RIVER SHORES, FL 32963

**FEI Number:** 59-2656945

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HALE, DEBORAH  
720 BARBER STREET  
SEBASTIAN, FL 32958 US

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

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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: KEANE, WILLIAM  
Address: 100 SABLE OAKS LANE #202  
City-St-Zip: INDIAN RIVER SHORES, FL 32963

Title: VP  
Name: GOODWIN, WALTER  
Address: 100 SABLE OAKS LANE, UNIT 102  
City-St-Zip: INDIAN RIVER SHORES, FL 32963

Title: TR  
Name: JARSULIC, NICHOLAS  
Address: 100 SABLE OAKS LANE #304  
City-St-Zip: INDIAN RIVER SHORES, FL 32963

Title: AS  
Name: HALE, DEBORAH K  
Address: 720 BARBER STREET  
City-St-Zip: SEBASTIAN, FL 32963

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: DEBORAH HALE

SEC

01/19/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date