

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000006023

**FILED**  
**Apr 12, 2011**  
**Secretary of State**

**Entity Name:** SAILORS' COVE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1713 BEACH PKWY  
CAPE CORAL, FL 33904

**New Principal Place of Business:**

**Current Mailing Address:**

C/O GPM, INC  
1319 MIRAMAR ST, SUITE 101  
CAPE CORAL, FL 33904

**New Mailing Address:**

**FEI Number:** 20-2225551

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ZUNINO, PAOLO C.A.M.  
C/O GPM, INC  
1319 MIRAMAR ST, SUITE 101  
CAPE CORAL, FL 33904 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:** PD  
**Name:** AGLES, JAMES  
**Address:** 2326 DEL PRADO BLVD  
**City-St-Zip:** CAPE CORAL, FL 339906628

**Title:** STD  
**Name:** ARENA, ANTHONY R JR  
**Address:** 2101 MT READ BLVD  
**City-St-Zip:** ROCHESTER, NY 14615

**Title:** VPD  
**Name:** JONES, PATRICIA  
**Address:** 5720 MORGAN LN  
**City-St-Zip:** PLAINFIELD, IN 46168

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:** JAMES AGLES

PRES

04/12/2011

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

\_\_\_\_\_  
Date