

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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FILED
Jun 02, 2005 8:00 am
Secretary of State

05-02-2005 90515 007 ****61.25

DOCUMENT # N04000009504 1. Entity Name SAIL HARBOUR AT HEALTHPARK HOMEOWNERS' SUB-ASSOCIATION, INC.					
Principal Place of Business 4227 NORTHLAKE BLVD. PALM BEACH GARDENS, FL 33410			Mailing Address 4227 NORTHLAKE BLVD. PALM BEACH GARDENS, FL 33410		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
NORRIS, DAVID B 712 U.S. HIGHWAY ONE, STE 400 NORTH PALM BEACH, FL 33408				Name Michelle-L. Sides, ESQ. Street Address (P.O. Box Number is Not Acceptable) 4227 Northlake Blvd City Palm Beach Gardens FL Zip Code 33410	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.		SIGNATURE Michelle L. Sides (NOTE: Registered Agent signature required when relinquishing)		DATE 4-22-05 DATE	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARANDO, MICHAEL D 4227 NORTHLAKE BLVD. PALM BEACH GARDENS, FL 33410 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARANDA, MICHAEL D. 4227 Northlake Blvd Palm Beach Gardens, FL 33410 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SAWDON, PHIL 4227 NORTHLAKE BLVD. PALM BEACH GARDENS, FL 33410 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD YOUNG, ZACH 4227 NORTHLAKE BLVD. PALM BEACH GARDENS, FL 33410 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 					
MICHAEL F. ARANDA 4-22-05 561-626-6121 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

66020614



04112005 Chg-NP CR2E037 (10/03)

4. FEI Number
20-1325854
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required