2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2009
Secretary of State

DOCUMENT# N04000009504

Entity Name: SAIL HARBOUR AT HEALTHPARK HOMEOWNERS' SUB-ASSOCIATION, INC.

Current Principal Place of Business:

4227 NORTHLAKE BLVD.
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

12734 KENWOOD LANE
SUITE 49
FORT MYERS, FL 33907

Current Mailing Address:

4227 NORTHLAKE BLVD.
PALM BEACH GARDENS, FL 33410

New Mailing Address:

12734 KENWOOD LANE
SUITE 49
FORT MYERS, FL 33907

FEI Number: 20-1325854 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIDES, MICHELLE ESQ
4227 NORTHLAKE BLVD
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

DEBOEST, II, RICHARD D ESQ
2030 MCGREGOR BLVD.
FORT MYERS, FL 33901 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: RICHARD D. DEBOEST, II 01/29/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: ST ( ) Delete
Name: EVANS, BLAKE
Address: 4227 NORTHLAKE BLVD.
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: P ( ) Delete
Name: MCCLURG, RANDALL
Address: 4227 NORTHLAKE BLVD.
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: VP ( ) Delete
Name: GRIFFIN, MIKE
Address: 4227 NORTHLAKE BLVD.
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: JAZOWSKI, TOM
Address: 12734 KENWOOD LANE, SUITE 49
City-St-Zip: FORT MYERS, FL 33907

Title: VP (X) Change ( ) Addition
Name: TOBLER, SHARON
Address: 12734 KENWOOD LANE, SUITE 49
City-St-Zip: FORT MYERS, FL 33907

Title: T (X) Change ( ) Addition
Name: HAALAND, EARL
Address: 12734 KENWOOD LANE, SUITE 49
City-St-Zip: FORT MYERS, FL 33907

Title: S ( ) Change (X) Addition
Name: KELLY, KATHRYN
Address: 12734 KENWOOD LANE, SUITE 49
City-St-Zip: FORT MYERS, FL 33907

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: TOM JAZOWSKI P 01/29/2009
Electronic Signature of Signing Officer or Director Date