2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009504

FILED Mar 23, 2011 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

12734 KENWOOD LANE SUITE 49 FORT MYERS, FL 33907

New Mailing Address: Current 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: Name and Address of New Registered Agent:

DEBOEST, II, RICHARD D ESQ TROPICAL ISLES, MANAGEMENT 2030 MCGRÉGOR BLVD. 12734 KENWOOD LANE FORT MYERS, FL 33901 US SUITE 49 FORT MYERS, FL 33907 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: TROPICAL ISLES MANAGEMENT 03/23/2011

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

JAZOWSKI, TOM Name:

Address: 9807 SOLERA COVE PT #105 City-St-Zip: FORT MYERS, FL 33908

Title:

Name: BUELOW, GEORGE

Address: 16098 VIA SOLERA CIRCLE #106

City-St-Zip: FORT MYERS, FL 33908

Title:

MORRIS, KEN Name:

16141 VIA SOLERA CIRCLE # 104 Address:

City-St-Zip: FORT MYERS, FL 33908

Title:

Name: KELLY, KATHRYN

Address: 16042 VIA SOLERA CIRCLE #101

City-St-Zip: FORT MYERS, FL 33908

Title:

Name: HEAPE, BRIAN

16074 VIA SOLERA CIRCLE #104 Address: City-St-Zip: FORT MYERS, FL 33908

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: TOM JAZOWSKI Ρ 03/23/2011