2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2012
Secretary of State

DOCUMENT# N04000009504

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

Current Principal Place of Business:

12734 KENWOOD LANE
SUITE 49
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

12734 KENWOOD LANE
SUITE 49
FORT MYERS, FL 33907

New Mailing Address:

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

Name and Address of Current Registered Agent:

TROPICAL ISLES, MANAGEMENT
12734 KENWOOD LANE
SUITE 49
FORT MYERS, FL 33907 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: JAZOWSKI, TOM
Address: 12734 KENWOOD LANE #49
City-St-Zip: FORT MYERS, FL 33907

Title: VP
Name: VERGIN, JULIE
Address: 12734 KENWOOD LANE #49
City-St-Zip: FORT MYERS, FL 33907

Title: T
Name: MORRIS, KEN
Address: 12734 KENWOOD LANE #49
City-St-Zip: FORT MYERS, FL 33907

Title: S
Name: ARSENEAU, DAVE
Address: 12734 KENWOOD LANE #49
City-St-Zip: FORT MYERS, FL 33907

Title: D
Name: WALKER, BUD
Address: 12734 KENWOOD LANE #49
City-St-Zip: FORT MYERS, FL 33907

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: BRETT RUDLAND CAM 03/16/2012

Electronic Signature of Signing Officer or Director — Date