

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010302

FILED
Apr 29, 2009
Secretary of State

Entity Name: SAIL COVE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

10000 GATE PARKWAY NORTH
JACKSONVILLE, FL 32246

New Principal Place of Business:

Current Mailing Address:

10000 GATE PARKWAY NORTH
JACKSONVILLE, FL 32246

New Mailing Address:

FEI Number: 20-3723956

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NATIONAL REGISTERED AGENTS, INC
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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 () Delete
Name: GRAY, JOHN P
Address: 10000 GATE PARKWAY NORTH
City-St-Zip: JACKSONVILLE, FL 32246

Title: SD () Delete
Name: WIDMAIER, MATT
Address: 10000 GATE PARKWAY NORTH
City-St-Zip: JACKSONVILLE, FL 32246

Title: T () Delete
Name: MYERS, ROBERT
Address: 10000 GATE PARKWAY NORTH
City-St-Zip: JACKSONVILLE, FL 32246

Title: AGEN () Delete
Name: KAZMIERSKI, MIKE
Address: 7645 GATE PARKWAY, SUITE 202
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRS (X) Change () Addition
Name: MYERS, ROBERT
Address: 10000 GATE PARKWAY NORTH
City-St-Zip: JACKSONVILLE, FL 32246

Title: SD (X) Change () Addition
Name: KINCAID, CATHERINE
Address: 10000 GATE PARKWAY NORTH
City-St-Zip: JACKSONVILLE, FL 32246

Title: T (X) Change () Addition
Name: SARKIS, LINDA
Address: 10000 GATE PARKWAY NORTH
City-St-Zip: JACKSONVILLE, FL 32246

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MIKE KAZMIERSKI

MGR

04/29/2009

Electronic Signature of Signing Officer or Director

Date