

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N21235 (9)**

1. Corporation Name

**SABLE COVE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

**6234 KLONDIKE DR  
PORT ORANGE FL 32127  
US**

**6234 KLONDIKE DR  
PORT ORANGE FL 32127  
US**

3. Date Incorporated or Qualified

**06/22/1987**

3a. Date of Last Report

**03/08/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

**59-2818673**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KEES, FRANK R  
6234 KLONDIKE DR  
PT. ORANGE FL 32127**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PD  
WALKER, ROBERT J**  
STREET ADDRESS **6223 KLONDIKE DR**  
CITY-ST-ZIP **PT ORANGE FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **VD  
HOUIT, GENE**  
STREET ADDRESS **6233 KLONDIKE DR**  
CITY-ST-ZIP **PT ORANGE FL**

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **TSO  
KEES, FRANK R**  
STREET ADDRESS **6234 KLONDIKE DR**  
CITY-ST-ZIP **PT ORANGE FL**

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **D  
MONGELLI, DIANE**  
STREET ADDRESS **6235 KLONDIKE DR**  
CITY-ST-ZIP **PT ORANGE FL**

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **D  
PENDL, RICHARD**  
STREET ADDRESS **6238 KLONDIKE DR**  
CITY-ST-ZIP **PT ORANGE FL**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **D  
PENDL, RICHARD**  
STREET ADDRESS **6238 KLONDIKE DR**  
CITY-ST-ZIP **PT ORANGE FL**

2.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **D  
PENDL, RICHARD**  
STREET ADDRESS **6238 KLONDIKE DR**  
CITY-ST-ZIP **PT ORANGE FL**

2.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **D  
PENDL, RICHARD**  
STREET ADDRESS **6238 KLONDIKE DR**  
CITY-ST-ZIP **PT ORANGE FL**

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **D  
PENDL, RICHARD**  
STREET ADDRESS **6238 KLONDIKE DR**  
CITY-ST-ZIP **PT ORANGE FL**

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **D  
PENDL, RICHARD**  
STREET ADDRESS **6238 KLONDIKE DR**  
CITY-ST-ZIP **PT ORANGE FL**

3.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **D  
PENDL, RICHARD**  
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TITLE ☐ DELETE

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CITY-ST-ZIP **PT ORANGE FL**

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **D  
PENDL, RICHARD**  
STREET ADDRESS **6238 KLONDIKE DR**  
CITY-ST-ZIP **PT ORANGE FL**

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **D  
PENDL, RICHARD**  
STREET ADDRESS **6238 KLONDIKE DR**  
CITY-ST-ZIP **PT ORANGE FL**

4.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **D  
PENDL, RICHARD**  
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CITY-ST-ZIP **PT ORANGE FL**

4.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

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CITY-ST-ZIP **PT ORANGE FL**

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **D  
PENDL, RICHARD**  
STREET ADDRESS **6238 KLONDIKE DR**  
CITY-ST-ZIP **PT ORANGE FL**

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **D  
PENDL, RICHARD**  
STREET ADDRESS **6238 KLONDIKE DR**  
CITY-ST-ZIP **PT ORANGE FL**

5.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **D  
PENDL, RICHARD**  
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CITY-ST-ZIP **PT ORANGE FL**

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **D  
PENDL, RICHARD**  
STREET ADDRESS **6238 KLONDIKE DR**  
CITY-ST-ZIP **PT ORANGE FL**

6.1 TITLE ☐ Change ☒ Addition

TITLE ☐ DELETE

NAME **D  
PENDL, RICHARD**  
STREET ADDRESS **6238 KLONDIKE DR**  
CITY-ST-ZIP **PT ORANGE FL**

6.2 NAME ☐ Change ☒ Addition

TITLE ☐ DELETE

NAME **D  
PENDL, RICHARD**  
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CITY-ST-ZIP **PT ORANGE FL**

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CITY-ST-ZIP **PT ORANGE FL**

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TITLE ☐ DELETE

NAME **D  
PENDL, RICHARD**  
STREET ADDRESS **6238 KLONDIKE DR**  
CITY-ST-ZIP **PT ORANGE FL**

**D James Peringer  
6231 Klondike Dr.  
Port Orange, Fl. 32127**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-18-96**

**804-760-6717**

Date

Daytime Phone #

CR2E037 (12/95)