

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90007 050 ****61.25

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DOCUMENT # N21235

1. Corporation Name

SABLE COVE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

6234 KLONDIKE DR
PORT ORANGE FL 32127
US

Mailing Address

6234 KLONDIKE DR
PORT ORANGE FL 32127
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

06/22/1987

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

| | | |
|----------------|------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | WALKER, ROBERT J | |
| STREET ADDRESS | 6223 KLONDIKE DR | |
| CITY-ST-ZIP | PT ORANGE FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | HOUIT, GENE | |
| STREET ADDRESS | 6233 KLONDIKE DR | |
| CITY-ST-ZIP | PT ORANGE FL | |
| TITLE | TSD | <input type="checkbox"/> DELETE |
| NAME | KEES, FRANK R | |
| STREET ADDRESS | 6234 KLONDIKE DR | |
| CITY-ST-ZIP | PT ORANGE FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MONGELLI, DIANE | |
| STREET ADDRESS | 6235 KLONDIKE DR | |
| CITY-ST-ZIP | PT ORANGE FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | PENDL, RICHARD | |
| STREET ADDRESS | 6238 KLONDIKE DR | |
| CITY-ST-ZIP | PT ORANGE FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | PERINGER, JAMES | |
| STREET ADDRESS | 6231 KLONDIKE DR | |
| CITY-ST-ZIP | PT ORANGE FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE OF OFFICER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/99 904-760-6717

CR2E037 (11/98)