

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N21235

1. Entity 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 32127-6783
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME HOUIT, GENE
STREET ADDRESS 6233 KLONDIKE DR
CITY-ST-ZIP PT. ORANGE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TSD ☐ Delete
NAME KEES, FRANK R
STREET ADDRESS 6234 KLONDIKE DR
CITY-ST-ZIP PT ORANGE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
NAME Director
STREET ADDRESS Rachel Petty
CITY-ST-ZIP 6219 Klondike Dr.
Port Orange, FL 32127

TITLE D ☐ Delete
NAME PERINGER, JAMES
STREET ADDRESS 6231 KLONDIKE DR
CITY-ST-ZIP PT ORANGE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/00

Date

904-760-6717

Daytime Phone #

CR2E037 (9/99)