

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2001 8:00 am**  
**Secretary of State**

0009054

**DOCUMENT # N21235**

1. Entity Name

**SABLE COVE HOMEOWNERS ASSOCIATION, INC.**

04-03-2001 90062 040 \*\*\*\*61.25

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2818673**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

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

TITLE D  
 NAME ABIGAIL GARVIN ☒ Change ☐ Addition  
 STREET ADDRESS 6241 KLONDIKE DR.  
 CITY-ST-ZIP PORT ORANGE FL 32127

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

TITLE VP  
 NAME CRAIG GARVIN ☒ Change ☐ Addition  
 STREET ADDRESS 6241 KLONDIKE DR.  
 CITY-ST-ZIP PORT ORANGE FL 32127

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

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

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

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

TITLE D  
 NAME PETTY, RACHEL ☒ Delete  
 STREET ADDRESS 6219 KLONDIKE DRIVE  
 CITY-ST-ZIP DAYTONA BEACH FL 32127

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

TITLE D  
 NAME PERINGER, JAMES ☐ Delete  
 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

Date

Daytime Phone #

CR2E037 (10/00)