

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90008 033 ****61.25

DOCUMENT # N21235

1. Entity 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

54019268



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2818673

Applied For

Not Applicable

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

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

TITLE D
NAME GARVIN, ABIGAIL
STREET ADDRESS 6241 KLONDIKE DR
CITY-ST-ZIP PORT ORANGE FL 32127 ☐ Delete

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

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

TITLE VP
NAME GARVIN, CRAIG
STREET ADDRESS 6241 KLONDIKE DR
CITY-ST-ZIP PORT ORANGE FL 32127 ☐ Delete

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME Walker, Robert J.
STREET ADDRESS 6223 Klondike Dr.
CITY-ST-ZIP Port Orange, FL 32127 ☒ Change ☐ Addition

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

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

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

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

TITLE PD
NAME Peringer, James
STREET ADDRESS 6231 Klondike Dr.
CITY-ST-ZIP Port Orange, FL 32127 ☒ Change ☐ Addition

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 #

16 MAR 2004 386 767 2593