


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State


02-09-2005 90061 006 ****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
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2. Principal Place of Business 6206 KLONDIKE DR	3. Mailing Address 6206 KLONDIKE DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State PORT ORANGE FL	City & State PORT ORANGE FL
Zip 32127	Country VOLUSIA


4. FEI Number 59-2818673
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KEES, FRANK R 6234 KLONDIKE DR PT. ORANGE FL 32127
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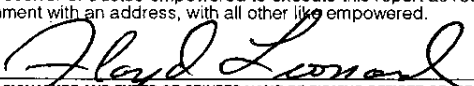
7. Name and Address of New Registered Agent Name: FLOYD LEONARD Street Address (P.O. Box Number is Not Acceptable): 6206 KLONDIKE DRIVE City: PORT ORANGE FL Zip Code: 32127
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8. The above named entity submits this statement for the purpose of changing 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 02-03-05
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FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE <input type="checkbox"/>
D WALKER, ROBERT J 6223 KLONDIKE DR PORT ORANGE FL 32127	<input type="checkbox"/>
D GARVIN, ABIGAIL 6241 KLONDIKE DR PORT ORANGE FL 32127	<input type="checkbox"/>
TSR KEES, FRANK R 6234 KLONDIKE DR PT ORANGE FL	<input checked="" type="checkbox"/>
D MONGELLI, DIANE 6235 KLONDIKE DR PT ORANGE FL	<input type="checkbox"/>
VP GARVIN, CRAIG 6241 KLONDIKE DR PORT ORANGE FL 32127	<input checked="" type="checkbox"/>
PD PERINGER, JAMES 6231 KLONDIKE DR PORT ORANGE FL 32127	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHANGE <input type="checkbox"/> ADDITION <input type="checkbox"/>
D FRANK KEES 6234 KLONDIKE DR. PORT ORANGE, FL 32127	<input type="checkbox"/>
DVP GARVIN, CRAIG 6241 KLONDIKE DR. PORT ORANGE, FL	<input type="checkbox"/>
OST LEONARD, FLOYD 6206 KLONDIKE DR PORT ORANGE, FL 32127	<input checked="" type="checkbox"/>

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 02-03-05
DAYTIME PHONE # 386-756-0782