2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

03-08-2006 90179 049 ****61.21
N21235

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N21235

1. Entity Name

SABLE COVE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6206 KLONDIKE DRIVE PORT ORANGE FL 32127 US	6206 KLONDIKE DRIVE PORT ORANGE FL 32127 US

2. Principal Place of Business	3. Mailing Address
6221 KlonDike Dr.	6221 KlonDike Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port Orange, FL	City & State: Port Orange, FL
Zip: 32127 Country: Volusia	Zip: 32127 Country: Volusia

1st MOORE CR2E037 (10/05)

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
LEONARD, FLOYD 6206 KLONDIKE DRIVE PORT ORANGE FL 32127	Name: Gerald Ren Street Address (P.O. Box Number is Not Acceptable): 6221 KlonDike Drive City: Port Orange FL Zip Code: 32127

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 _____ 2/17/2006
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, 2006

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALKER, ROBERT J 6223 KLONDIKE DR PORT ORANGE FL 32127	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GARVIN, ABIGAIL 6241 KLONDIKE DR PORT ORANGE FL 32127	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KEES, FRANK 6234 KLONDIKE DRIVE PORT ORANGE FL 32127	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MONGELLI, DIANE 6235 KLONDIKE DR PT ORANGE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV Mongelli, Diane 6235 KlonDike Drive Port Orange, FL 32127	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV GARVIN, CRAIG 6241 KLONDIKE DR PORT ORANGE FL 32127	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Garvin, Craig 6241 KlonDike Drive Port Orange, FL 32127	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST LEONARD, FLOYD 6206 KLONDIKE DRIVE PORT ORANGE FL 32127	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST Gerald Ren 6221 KlonDike Drive Port Orange, FL 32127	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: _____ 2/17/2006 (386)760-7298
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #