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

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

FILED
06 JUN 16 PM 2:07
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.
Port Orange, FL	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	D ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	WALKER, ROBERT J	NAME	
STREET ADDRESS	6223 KLONDIKE DR	STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL 32127	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GARVIN, ABIGAIL	NAME	
STREET ADDRESS	6241 KLONDIKE DR	STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL 32127	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	KEES, FRANK	NAME	
STREET ADDRESS	6234 KLONDIKE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL 32127	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	DV ☒ Change ☐ Addition
NAME	MONGELLI, DIANE	NAME	Mongelli, Diane
STREET ADDRESS	6235 KLONDIKE DR	STREET ADDRESS	6235 Klondike Drive
CITY-ST-ZIP	PT ORANGE FL	CITY-ST-ZIP	Port Orange, FL 32127
TITLE	DV ☐ Delete	TITLE	DP ☒ Change ☐ Addition
NAME	GARVIN, CRAIG	NAME	Garvin, Craig
STREET ADDRESS	6241 KLONDIKE DR	STREET ADDRESS	6241 Klondike Drive
CITY-ST-ZIP	PORT ORANGE FL 32127	CITY-ST-ZIP	Port Orange, FL 32127
TITLE	DST ☒ Delete	TITLE	DST ☐ Change ☒ Addition
NAME	LEONARD, FLOYD	NAME	Gerald Ren
STREET ADDRESS	6206 KLONDIKE DRIVE	STREET ADDRESS	6221 Klondike Drive
CITY-ST-ZIP	PORT ORANGE FL 32127	CITY-ST-ZIP	Port Orange, FL 32127

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 #