2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2007 8:00 am
Secretary of State
01-31-2007 90051 023 ****61.25

DOCUMENT # N21235

1. Entity Name

SABLE COVE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6221 KLONDIKE DRIVE PORT ORANGE FL 32127 US	6221 KLONDIKE DRIVE PORT ORANGE FL 32127 US

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
6229 Klondike Drive	6229 Klondike Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port Orange, FL	City & State: Port Orange, FL
Zip: 32127 Country: USA	Zip: 32127 Country: USA

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
REN, GERALD 6221 KLONDIKE DRIVE PORT ORANGE FL 32127	Name: Karen Gaines Street Address (P.O. Box Number is Not Acceptable): 6229 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: Karen L. Gaines 1/25/07

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, 2007

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	DST REN, GERALD 6221 KLONDIKE DR PORT ORANGE FL 32127 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	DT REN, GERALD 6221 KLONDIKE DR PORT ORANGE FL 32127 ☑ 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	DV MONGELLI, DIANE 6235 KLONDIKE DR PORT ORANGE FL 32127 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	DP GARVIN, CRAIG 6241 KLONDIKE DR PORT ORANGE FL 32127 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	DS KAREN GAINES 6229 KLONDIKE DR 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: Karen L. Gaines Karen L. Gaines 1/25/07 386.760.1692

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #