


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2008 8:00 am
Secretary of State

07-14-2008 90028 043 ****61.25

DOCUMENT # N21235 1. Entity Name SABLE COVE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 6229 KLONDIKE DRIVE PORT ORANGE, FL 32127 US			Mailing Address 6229 KLONDIKE DRIVE PORT ORANGE, FL 32127 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2818673	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GAINES, KAREN 6229 KLONDIKE DRIVE PORT ORANGE, FL 32127				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$81.25 Due by September 12, 2008		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT REN, GERALD 6221 KLONDIKE DR PORT ORANGE, FL 32127		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KEES, FRANK 6234 KLONDIKE DRIVE PORT ORANGE, FL 32127		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV Kirt, Tom 6202 Klondike Drive Port Orange, FL 32127	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV MONGELLI, DIANE 6235 KLONDIKE DR PORT ORANGE, FL 32127		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Mongelli, Diane 6235 Klondike Drive Port Orange, FL 32127	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP GARVIN, CRAIG 6241 KLONDIKE DR PORT ORANGE, FL 32127		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS GAINES, KAREN 6229 KLONDIKE DRIVE PORT ORANGE, FL 32127		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <i>Karen Gaines</i> Karen Gaines					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: <i>7/12/08</i> (386) 760-1692					