2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N21235 1. Entity Name SABLE COVE HOMEOWNERS ASSOCIATION, INC.						07-14-200	08 90028 ()43 ****	61.25
Principal Place of Business 6229 KLONDIKE DRIVE 6229 KLONDIKE DRIVE PORT ORANGE, FL 32127 US PORT ORANGE, FL 32127				:					
Principal Place of Business - No P.O. Box # 3. Mailing Address			····						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		07032008	Chg-NP	CR2E037	(12/06)	
City & State		City & State	City & State		4. FEI Number 59-2818				oplied For ot Applicable
Zíp Country		Zip	Country		5. Certificate of Status Desired			fitional	
	6. Name and Address of Currer	nt Registered Agent			7. Name and A	Address of New I			
GAINES, I	KAREN		Na	me					
				reet Address (ddress (P.O. Box Number is Not Acceptable)				
PORT ORANGE, PE 32121									
			Cit	ty			FL	Zip Cod	e
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 Sbligations of registered agent.									
SIGNATURE: Signature, typed or printed name of registered agont and title if applicable. (NOTE: Registered Agent agont/ure required when reinstating) DATE									
					-				
) D	Filing Fee is \$61.25 ue by September 12, 2008	9. Election Cen Trust Fund C	mpaign Financ Contribution.	cing	\$5.00 May Be Added to Fees		Make check rida Departr		
10.	ue by September 12, 2008	Trust Fund (mpaign Financ Contribution.			Flo	rida Departr	nent of Si	tate
10. %	OFFICERS AND I	Trust Fund (11.		Added to Fees	Flo	rida Departr ERS AND DIRI	nent of Si	tate
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