

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21235

FILED
Feb 14, 2009
Secretary of State

Entity Name: SABLE COVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6229 KLONDIKE DRIVE
PORT ORANGE, FL 32127 US

New Principal Place of Business:

6202 KLONDIKE DRIVE
PORT ORANGE, FL 32127 US

Current Mailing Address:

6229 KLONDIKE DRIVE
PORT ORANGE, FL 32127 US

New Mailing Address:

6202 KLONDIKE DRIVE
PORT ORANGE, FL 32127 US

FEI Number: 59-2818673

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAINES, KAREN
6229 KLONDIKE DRIVE
PORT ORANGE, FL 32127 US

Name and Address of New Registered Agent:

WIRT, ELIZABETH C
6202 KLONDIKE DRIVE
PORT ORANGE, FL 32127 US

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.

SIGNATURE: ELIZABETH C. WIRT

02/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: REN, GERALD
Address: 6221 KLONDIKE DR
City-St-Zip: PORT ORANGE, FL 32127 US

Title: DV () Delete
Name: BERT, TIM
Address: 6202 KLONDIKE DRIVE
City-St-Zip: PORT ORANGE, FL 32127 US

Title: D (X) Delete
Name: MONGELLI, DIAN
Address: 6235 KLONDIKE DR
City-St-Zip: PORT ORANGE, FL 32127 US

Title: DP (X) Delete
Name: GARVIN, CRAIG
Address: 6241 KLONDIKE DR
City-St-Zip: PORT ORANGE, FL 32127 US

Title: DS (X) Delete
Name: GAINES, KAREN
Address: 6229 KLONDIKE DRIVE
City-St-Zip: PORT ORANGE, FL 32127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DP (X) Change () Addition
Name: BEVERLY, REGINALD
Address: 6202 KLONDIKE DRIVE
City-St-Zip: PORT ORANGE, FL 32127 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZABETH C. WIRT

DS

02/14/2009

Electronic Signature of Signing Officer or Director

Date