

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21235

FILED
Apr 08, 2012
Secretary of State

Entity Name: SABLE COVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6201 KLONDIKE DRIVE
PORT ORANGE, FL 32127 US

New Principal Place of Business:

Current Mailing Address:

6201 KLONDIKE DRIVE
PORT ORANGE, FL 32127 US

New Mailing Address:

FEI Number: 59-2818673

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIVINGSTON, PATRICIA J
6201 KLONDIKE DR
PORT ORANGE, FL 32127 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DT
Name: LIVINGSTON, PATRICIA
Address: 6201 KLONDIKE DR
City-St-Zip: PORT ORANGE, FL 32127 US

Title: DP
Name: PERINGER, JAMES
Address: 6231 KLONDIKE DR
City-St-Zip: PORT ORANGE, FL 32127 US

Title: DS
Name: MONGELLI, DIANE
Address: 6235 KLONDIKE DR
City-St-Zip: PORT ORANGE, FL 32127 US

Title: D
Name: GONZALEA, MARTHA
Address: 6227 KLONDIKE DR
City-St-Zip: PORT ORANGE, FL 32127

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA J LIVINGSTON

DT

04/08/2012

Electronic Signature of Signing Officer or Director

Date