

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36084

FILED
Apr 17, 2009
Secretary of State

Entity Name: SABAL COVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O BETH COLLANS MGMT
595 BOY ISLE RD #200
LONGBOAT KEY, FL 34228 US

New Principal Place of Business:

C/O BETH CALLANS MGMT
595 BOY ISLE RD #200
LONGBOAT KEY, FL 34228 US

Current Mailing Address:

C/O BETH COLLANS MGMT
595 BOY ISLE RD #200
LONGBOAT KEY, FL 34228 US

New Mailing Address:

C/O BETH CALLANS MGMT
595 BOY ISLE RD #200
LONGBOAT KEY, FL 34228 US

FEI Number: 65-0192077

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BETH COLLINS MANAGEMENT CORP.
595 BAY ISLES RD
#200
LONGBOAT KEY, FL 34228 US

Name and Address of New Registered Agent:

BETH CALLANS MANAGEMENT CORP.
595 BAY ISLES RD
#200
LONGBOAT KEY, FL 34228 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: BETH CALLANS

04/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WILLIS, IAN
Address: 3306 SABAL COVE LN
City-St-Zip: LONGBOAT KEY, FL 34228

Title: VP () Delete
Name: BECKMEYER, WILLIAM
Address: 3340 SABAL COVE LN
City-St-Zip: LONGBOAT KEY, FL 34228

Title: SD () Delete
Name: BLOCH, JACK
Address: 3330 SABAL COVE LN
City-St-Zip: LONGBOAT KEY, FL 34228

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: IAN WILLIS

PD

04/17/2009

Electronic Signature of Signing Officer or Director

Date