

N36084

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

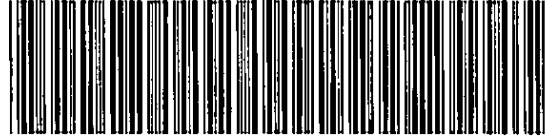
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05/28/19--01010--023 \*\*35.00

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2019 MAY 28 PM 12:09

SECRETARY OF STATE  
TALLAHASSEE, FL

JUN 06 2019

C Kinsey

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Sabal Cove Homeowners Assn, Inc.  
Name of Corporation

DOCUMENT NUMBER: N36084

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

David Novak

Name of Contact Person

Longboat Private Services

Firm/Company

595 Bay Isles Rd, Ste 100

Address

Longboat Key, FL 34228

City/State and Zip Code

david@longboatps.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Novak

Name of Contact Person

at ( 941 ) 228-2903

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this  
statement of change is submitted for a corporation organized under the laws of the State of Florida  
in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Sabal Cove Homeowners Association, Inc.
2. The principal office address: 595 Bay Isles Rd, Ste 100  
Longboat Key, FL 34228
3. The mailing address (if different): PO Box 8158  
Longboat Key, FL 34228
4. Date of incorporation/qualification: 01/12/1990 Document number: N36084
5. The name and street address of the current registered agent and registered office on file with the  
Florida Department of State: (If resigned, enter resigned)  
Advanced Mgmt of Southwest Florida Inc  
9031 Town Center Parkway  
Bradenton, FL 34202

6. The name and street address of the new registered agent (if changed) and /or registered office  
(if changed):

David E Novak

595 Bay Isles Rd, Ste 100

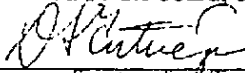
P.O. Box NOT acceptable

Longboat Key, FL 34228

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2019 MAY 28 PM 12:09  
SECRETARY OF STATE  
TALLAHASSEE, FL

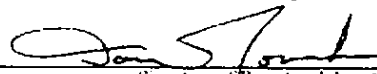
The street address of its registered office and the street address of the business office of its registered agent,  
as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so  
authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

DAVID S. GUTRIDGE, TREASURER  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity.  
I further agree to comply with the provisions of all statutes relative to the proper and complete  
performance of my duties, and I am familiar with and accept the obligation of my position as registered  
agent. Or, if this document is being filed merely to reflect a change in the registered office address, I  
hereby confirm that the corporation has been notified in writing of this change.*

  
Signature of Registered Agent

May 18, 2019

Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (03/12)