## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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## FILED Apr 27, 2007 8:00 am Secretary of State

DOCUMENT # N44668  1. Entity Name SABRE CAY ASSOCIATION, INC.						04	-27-2007 901	179 042 ****61.:	25
Principal Place # 15 SABRE NAPLES, FL	CAY	# 15	Address SABRE CAY S, FL 34102		·	40085	074		
									TILLAL BI LEGI
2. Principal Place of Business - No P.O. Box # 3. Mailing Address									
			Property Management			02122007 C	hg-NP	CR2E037 (12/06)	
		501 Good Naples, F	llette Rd.N, S L 34102	Ste C-200	0 ]	4. FEI Number 65-02870	82	<del></del>	pplied For ot Applicable
Žip	Country		_ • • • • • • • • • • • • • • • • • • •			5. Certificate of S	Status Desired	□ \$8.75 Ad Fee Require	ditional ed
6. Name and Address of Current Registered Agent				Name		7. Name and Ad	dress of New Re	gistered Agent	
COASTAL PROPERTY MGMT OF SW FLORIDA, INC.				Name	ddroon (S	O Boy Number in	Net Aggestable		
501 GOODLETTE RD N STE <del>A-20</del> 6 NAPLES, FL 34102				Street Address (P.O. Box Number is Not Acceptable)  SUITE C-200					
			City	·u	//E C	-200	Zip Coo	le	
	named entity submits this staten					·		FL	
the obligati	ions of registered agent.  Signature, typed or printed name of registers	ed agent and little if applic	able. (NOTE: Regis	stered Agent signatur	re required	when reinstating)		DATE	
Filing Fee is \$61.25 9. Election Due by May 1, 2007 Trust Fu			C Floring Compain	- C-ssiee			A 20, 20 . #7	ke check payable i	4.486
	-		Trust Fund Contri			\$5.00 May Be Added to Fees	Ma Florid	ke check payable to da Department of S	o ैंदिन tate ः (ें
10.	Due by May 1, 2007	ND DIRECTORS	Trust Fund Contri		<u> </u>	Added to Fees	Florida (1997)	da Department of S	tate :
TITLE	OFFICERS A	ND DIRECTORS	Trust Fund Contri	bution. [ 11. MILE	<u> </u>	Added to Fees	Florida (1997)	da Department of S	tate :
	Due by May 1, 2007 OFFICERS A	ND DIRECTORS	Trust Fund Contri	bution. [	<u> </u>	Added to Fees	Florida (1997)	da Department of S	tate A
TITLE NAME	OFFICERS A P NEGLEY, EDWARD	ND DIRECTORS	Trust Fund Contri	bution. [ 11. TITLE NAME	<u> </u>	Added to Fees	Florida (1997)	da Department of S	tate A
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS A P NEGLEY, EDWARD #8 SABRE CAY NAPLES, FL 34102 D	ND DIRECTORS	Trust Fund Contri	bution. [ 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u> </u>	Added to Fees	Florida (1997)	da Department of S	tate A
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A P NEGLEY, EDWARD #8 SABRE CAY NAPLES, FL 34102	ND DIRECTORS	Trust Fund Contri	bution. [ 11.  TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP	<u> </u>	Added to Fees	Florida (1997)	da Department of S	tate A
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS A P NEGLEY, EDWARD #8 SABRE CAY NAPLES, FL 34102 D COLLINS, WILLIAM	ND DIRECTORS	Trust Fund Contri	DUTION. [11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	<u> </u>	Added to Fees	Florida (1997)	da Department of S	tate A
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2. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplementar/eport is the and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trudgee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John S. Green – Manager 2/28/2007 239-434-2077