

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44668

FILED
Mar 30, 2011
Secretary of State

Entity Name: SABRE CAY ASSOCIATION, INC.

Current Principal Place of Business:

C/O COASTAL PROPERTY MANAGEMENT
501 GOODLETTE RD. N, STE C-200
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

C/O COASTAL PROPERTY MANAGEMENT
501 GOODLETTE RD. N, STE C-200
NAPLES, FL 34102

New Mailing Address:

FEI Number: 65-0287082

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COASTAL PROPERTY MGMT OF SW FLORIDA, INC.
501 GOODLETTE RD N STE C-200
NAPLES, FL 34102 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: P
Name: MCVICKER, HENRY J
Address: 3 SABRE CAY
City-St-Zip: NAPLES, FL 34102

Title: D
Name: KRATZ, VALERIE
Address: 10 SABRE CAY
City-St-Zip: NAPLES, FL 34102

Title: S
Name: HESS, WHEELER
Address: 4 SABRE CAY
City-St-Zip: NAPLES, FL 34102

Title: T
Name: NEGLEY, EDWARD
Address: 8 SABRE CAY
City-St-Zip: NAPLES, FL 34102

Title: VP
Name: ADAMS, MARTY
Address: 13 TOWNSHIP ROAD, #294
City-St-Zip: SALINEVILLE, OH 43945

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: JOHN S. GREEN

MNGR

03/30/2011

Electronic Signature of Signing Officer or Director

Date