

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002854

FILED  
Jan 05, 2006  
Secretary of State

**Entity Name:** SAIL HARBOUR CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

4914 TUDOR DRIVE  
#101  
CAPE CORAL, FL 33904

**New Principal Place of Business:**

**Current Mailing Address:**

4914 TUDOR DRIVE  
#101  
CAPE CORAL, FL 33904

**New Mailing Address:**

**FEI Number:** 65-0194158

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GAAR, SHAN A  
4914 TUDOR DRIVE  
CAPE CORAL, FL 33904 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: PD ( ) Delete  
Name: GAAR, SHAN  
Address: 4914 TUDOR DRIVE #101  
City-St-Zip: CAPE CORAL, FL 33904

Title: VPD ( ) Delete  
Name: O'KEEFE, KEN  
Address: 4914 TUDOR DRIVE #203  
City-St-Zip: CAPE CORAL, FL 33904

Title: SD ( ) Delete  
Name: O'KEEFE, CARA  
Address: 4914 TUDOR DRIVE #203  
City-St-Zip: CAPE CORAL, FL 33904

Title: TD ( ) Delete  
Name: GAAR, ALEDA  
Address: 4914 TUDOR DRIVE #101  
City-St-Zip: CAPE CORAL, FL 33904

**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:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ALEDA GAAR

TD

01/05/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date