# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 10, 2009**
**Secretary of State**

DOCUMENT# N96000002854

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

**Current Principal Place of Business:**

4914 TUDOR DRIVE
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, ALEDA
5125 AVALON DR
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: O'KEEFE, JOHN
Address: 4914 TUDOR DRIVE #203
City-St-Zip: CAPE CORAL, FL 33904

Title: VPD ( ) Delete
Name: JOHNSTON, SCOTT
Address: 4914 TUDOR DRIVE #201
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: O'KEEFE, CARA
Address: 4914 TUDOR DRIVE #203
City-St-Zip: CAPE CORAL, FL 33904

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition
Name: GAAR, SHAN
Address: 5125 AVALON DRIVE
City-St-Zip: CAPE CORAL, FL 33904

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

Title: SD (X) Change ( ) Addition
Name: GAAR, ALEDA
Address: 5125 AVALON DRIVE
City-St-Zip: CAPE CORAL, FL 33904

Title: TD (X) Change ( ) Addition
Name: GAAR, ALEDA
Address: 5125 AVALON DRIVE
City-St-Zip: CAPE CORAL, FL 33904

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: ALEDA GAAR, AGENT TD 01/10/2009

Electronic Signature of Signing Officer or Director — Date