


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2006 8:00 am
Secretary of State

05-22-2006 90039 005 ****61.25

DOCUMENT # N98000005247 1. Entity Name SABAL COVE RESIDENTS' ASSOCIATION, INC.			
Principal Place of Business C/O INTERGRATED PROPERTY MANAGEMENT 3435 10TH STREET N., SUITE 201 NAPLES, FL 34103		Mailing Address C/O INTERGRATED PROPERTY MANAGEMENT 3435 10TH STREET N., SUITE 201 NAPLES, FL 34103	
2. Principal Place of Business C/O Independent Management Suite, Apt. #, etc. 27499 Riverview Center Blvd. #207 City & State Bonita Springs, FL Zip 34134		3. Mailing Address C/O Independent Mgmt. Suite, Apt. #, etc. 27499 Riverview Center Blvd. #207 City & State Bonita Springs, FL Zip 34134	
4. FEI Number 65-0192077		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHIELDS, CHRISTOPHER J 1833 HENDRY STREET PO DRAWER 1507 FT. MYERS, FL 33902		7. Name and Address of New Registered Agent Name Independent Management, LLC Street Address (P.O. Box Number is Not Acceptable) 27499 Riverview Center Blvd. #207 City Bonita Springs FL Zip Code 34134	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <u>SUSAN DELGADO, CPM, CAM</u> 5/15/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by September 6, 2006.		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RECKERT, ARNOLD 9013 SPRING RUN BLVD BONITA SPRINGS, FL 34135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCCONNELL, F ERNEST 9039 SPRING RUN BLVD. BONITA SPRINGS, FL 34135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SLOMBOWSKI, RICHARD 9021 SPRING RUN BLVD BONITA SPRINGS, FL 34135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>S. DELGADO</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR</small>			
Date _____ Daytime Phone # _____			

AS Agent