

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009504

Entity Name: SAIL HARBOUR AT HEALTHPARK HOMEOWNERS' SUB-ASSOCIATION, INC.**FILED**
Apr 11, 2019
Secretary of State
8107261907CC**Current Principal Place of Business:**12734 KENWOOD LANE
SUITE 49
FORT MYERS, FL 33907**Current Mailing Address:**12734 KENWOOD LANE
SUITE 49
FORT MYERS, FL 33907**FEI Number: 20-1325854****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**TROPICAL ISLES, MANAGEMENT
12734 KENWOOD LANE
SUITE 49
FORT MYERS, FL 33907 US*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**Officer/Director Detail :**Title D
Name JAZOWSKI, TOM
Address 12734 KENWOOD LANE #49
City-State-Zip: FORT MYERS FL 33907Title VP
Name VERGIN, JULIE
Address 12734 KENWOOD LANE #49
City-State-Zip: FORT MYERS FL 33907Title P
Name GENOVESE, TIM
Address 12734 KENWOOD LANE #49
City-State-Zip: FORT MYERS FL 33907Title S
Name NELSON, FRANK
Address 12734 KENWOOD LANE #49
City-State-Zip: FORT MYERS FL 33907Title T
Name HOWERTON, MARGE
Address 12734 KENWOOD LN.
STE. 49
City-State-Zip: FT. MYERS FL 33907

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: TIM GENOVESE**PRESIDENT****04/11/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date