2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2025
Secretary of State
8754097333CC

DOCUMENT# N04000009504

Entity Name: SAIL HARBOUR AT HEALTHPARK HOMEOWNERS' SUB-ASSOCIATION, INC.

Current Principal Place of Business:

9403 CYPRESS LAKE DR, SUITE C
FORT MYERS, FL 33907

Current Mailing Address:

9403 CYPRESS LAKE DR, SUITE C
FORT MYERS, FL 33907 US

FEI Number: 20-1325854

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHOO ASSOCIATION MANAGEMENT LLC
9403 CYPRESS LAKE DR, SUITE C
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: RICHARD ROURKE 02/24/2025

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	VP
Name	ROSENDAHL, ADAM
Address	9403 CYPRESS LAKE DR, SUITE C
City-State-Zip:	FORT MYERS FL 33907

Title	TREASURER
Name	OLECHNA, TED
Address	9403 CYPRESS LAKE DR, SUITE C C/O SCHOO ASSOCIATION MANAGEMENT
City-State-Zip:	FORT MYERS FL 33907

Title	DIRECTOR
Name	HUGGARD, MARY
Address	9403 CYPRESS LAKE DR, SUITE C
City-State-Zip:	FORT MYERS FL 33907

Title	PRESIDENT
Name	VERGIN, JULIE
Address	9403 CYPRESS LAKE DR, SUITE C C/O SCHOO ASSOCIATION MANAGEMENT
City-State-Zip:	FORT MYERS FL 33907

Title	SECRETARY
Name	KOHARIAN, ANTHONY
Address	9403 CYPRESS LAKE DR, SUITE C
City-State-Zip:	FORT 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: ANTHONY KOHARIAN SECRETARY 02/24/2025

Electronic Signature of Signing Officer/Director Detail — Date