

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009504

Entity Name: SAIL HARBOUR AT HEALTHPARK HOMEOWNERS' SUB-ASSOCIATION, INC.**FILED**
Apr 26, 2021
Secretary of State
5771812454CC**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	FOLINO, TONY
Address	12734 KENWOOD LANE #49
City-State-Zip:	FORT MYERS FL 33907

Title	VP
Name	VERGIN, JULIE
Address	12734 KENWOOD LANE #49
City-State-Zip:	FORT MYERS FL 33907

Title	P
Name	GENOVESE, TIM
Address	12734 KENWOOD LANE #49
City-State-Zip:	FORT MYERS FL 33907

Title	S
Name	NELSON, FRANK
Address	12734 KENWOOD LANE #49
City-State-Zip:	FORT MYERS FL 33907

Title	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**P****04/26/2021**

Electronic Signature of Signing Officer/Director Detail

Date