2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

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 04/22/2024

Electronic Signature of Registered Agent

Officer/Director Detail:

TitleVPTitlePRESIDENTNameWALKER, BUDNameVERGIN, JULIE

Address 9403 CYPRESS LAKE DR, SUITE C Address 9403 CYPRESS LAKE DR, SUITE C

C/O SCHOO ASSOCIATION C/O SCHOO ASSOCIATION

MANAGEMENT MANAGEMENT

City-State-Zip: FORT MYERS FL 33907 City-State-Zip: FORT MYERS FL 33907

TitleTREASURERTitleSECRETARYNameOLECHNA, TEDNameZUBER, LISA

Address 9403 CYPRESS LAKE DR, SUITE C Address 9403 CYPRESS LAKE DR, SUITE C

C/O SCHOO ASSOCIATION C/O SCHOO ASSOCIATION MANAGEMENT MANAGEMENT

City-State-Zip: FORT MYERS FL 33907 City-State-Zip: FORT MYERS FL 33907

Title DIRECTOR

Name ROSENDAHL, ADAM K
Address C/O SCHOO ASSOCIATION

MANAGEMENT

9403 CYPRESS LAKE DR SUITE C

City-State-Zip: FORT MYERS FL 33919

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: LISA ZUBER SECRETARY 04/22/2024

Date

FILED Apr 22, 2024

Secretary of State 6705693971CC