

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21235

Entity Name: SABLE COVE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**2090 SOUTH NOVA RD A110
SOUTH DAYTONA, FL 32119**Current Mailing Address:**PO BOX 214923
SOUTH DAYTONA, FL 32121 US**FEI Number:** 59-2818673**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WIMMER COMMUNITY ASSOCIATION MANAGEMENT, INC.
2090 SOUTH NOVA RD A110
SOUTH DAYTONA, FL 32119 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:** TERESA WIMMER

03/14/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	PEARSON, SUSAN
Address	PO BOX 214923
City-State-Zip:	SOUTH DAYTONA FL 32121

Title	VP
Name	GAINES, KAREN
Address	PO BOX 214923
City-State-Zip:	SOUTH DAYTONA FL 32121

Title	SECRETARY
Name	POPE, SUE
Address	PO BOX 214923
City-State-Zip:	SOUTH DAYTONA FL 32121

Title	TREASURER
Name	STILES, MATT
Address	PO BOX 214923
City-State-Zip:	SOUTH DAYTONA FL 32121

Title	DIRECTOR
Name	BACHMANN, ADAM
Address	PO BOX 214923
City-State-Zip:	SOUTH DAYTONA FL 32121

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: SUSAN PEARSON

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03/14/2025

Electronic Signature of Signing Officer/Director Detail

Date