

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21235

Entity Name: SABLE COVE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**6201 KLONDIKE DRIVE
PORT ORANGE, FL 32127**Current Mailing Address:**6201 KLONDIKE DRIVE
PORT ORANGE, FL 32127 US**FEI Number:** 59-2818673**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LIVINGSTON, PATRICIA J
6201 KLONDIKE DR
PORT ORANGE, FL 32127 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	DT
Name	LIVINGSTON, PATRICIA
Address	6201 KLONDIKE DR
City-State-Zip:	PORT ORANGE FL 32127

Title	DP
Name	REN, GERALD
Address	6221 KLONDIKE DR
City-State-Zip:	PORT ORANGE FL 32127

Title	DS
Name	GARVIN, ABIGAIL
Address	6241 KLONDIKE DR
City-State-Zip:	PORT ORANGE FL 32127

Title	DV
Name	DAVIS, THOMAS
Address	6230 KLONDIKE DR
City-State-Zip:	PORT ORANGE FL 32127

Title	DIRECTOR
Name	MONGELLI, DIANE
Address	6235 KLONDIKE DR
City-State-Zip:	PORT ORANGE FL 32127

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: PATRICIA J LIVINGSTON**TREASURER****03/20/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date