

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21235

**Entity Name:** SABLE COVE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**6202 KLONDIKE DRIVE  
PORT ORANGE, FL 32127**Current Mailing Address:**6202 KLONDIKE DRIVE  
PORT ORANGE, FL 32127 US**FEI Number:** 59-2818673**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RUSSELL, S. BETH  
6202 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:** S. BETH RUSSELL

02/12/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	OFFICER
Name	RUSSELL, S. BETH
Address	6202 KLONDIKE DR
City-State-Zip:	PORT ORANGE FL 32127

Title	PRESIDENT
Name	POPE, BARRY
Address	1135 KLONDIKE DR
City-State-Zip:	PORT ORANGE FL 32127

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

Title	VP
Name	SEAY, BOB
Address	6223 KLONDIKE DR
City-State-Zip:	PORT ORANGE FL 32127

Title	DIRECTOR
Name	GRAMPP, CHERIE
Address	6213 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:** S. BETH RUSSELL**TREASURER**

02/12/2020

Electronic Signature of Signing Officer/Director Detail

Date