FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 PM 12:09

DOCUMENT # N36898 (7)

1. Corporation Name
SABLE PASS COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O BAUER MANAGEMENT CORPORATION ~~P O BOX 100547~~ ~~FT. LAUDERDALE FL 33310~~	C/O BAUER MANAGEMENT CORPORATION ~~P O BOX 100547~~ ~~FT. LAUDERDALE FL 33310~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/01/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0210499 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 3445 NW 55 St.	26 3445 NW 55 St.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Ft. Lauderdale, FL	28 Ft. Lauderdale, FL
24 Zip 33309 / 25 Country USA	29 Zip 33309 / 30 Country USA

9. Name and Address of Current Registered Agent

~~BAUER MANAGEMENT CORPORATION~~
~~2880 W. OAKLAND PARK BLVD~~
~~SUITE 209~~
~~FT. LAUDERDALE FL 33311~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 3445 NW 55 St.
83
84 City Ft. Lauderdale FL 85 Zip Code 33309

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE Harley O Bauer 2/6/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE	V/D	☐ Change ☐ Addition
NAME	~~MOSCOVITCH, LEWIS~~	1.2 NAME	Villani, Katie	
STREET ADDRESS	~~4011 NW 23RD ST~~	1.3 STREET ADDRESS	5701 NW 60 St.	
CITY-ST-ZIP	~~CORAL SPRINGS FL~~	1.4 CITY-ST-ZIP	Parkland, FL 33067	
TITLE	STD	2.1 TITLE		☐ Change ☐ Addition
NAME	BINNIE, MARGARET	2.2 NAME		
STREET ADDRESS	5940 NW 65 CT	2.3 STREET ADDRESS		
CITY-ST-ZIP	PARKLAND FL	2.4 CITY-ST-ZIP		
TITLE	PD	3.1 TITLE		☐ Change ☐ Addition
NAME	HANDLER, BRETT	3.2 NAME		
STREET ADDRESS	~~1287 E NEW-PORT CENTER #209~~	3.3 STREET ADDRESS	5670 Corporate Way	
CITY-ST-ZIP	~~DEERFIELD BCH FL~~	3.4 CITY-ST-ZIP	W. Palm Beach, FL 33407	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	SCHECHTER, MARK	4.2 NAME		
STREET ADDRESS	6261 NW 58TH WAY	4.3 STREET ADDRESS		
CITY-ST-ZIP	PARKLAND FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	HANDLER, WILLIAM	5.2 NAME		
STREET ADDRESS	1287 E NEWPORT CENTER #209	5.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BCH FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or added on an attachment with an address.

SIGNATURE: [signature] 2/6/95 305-231-5236
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000704