

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N36898** (7)

1. Corporation Name

SABLE PASS COMMUNITY ASSOCIATION, INC.



Principal Place of Business

Mailing Address

~~3445 NW 55 ST
P O BOX 100547
FT LAUDERDALE FL 33309
US~~

~~3445 NW 55 ST
P O BOX 100547
FT LAUDERDALE FL 33309
US~~

3. Date Incorporated or Qualified
03/01/1990

3a. Date of Last Report
02/13/1995

2. Principal Place of Business

2a. Mailing Address

21 **Sunvest Management**

26 **Sunvest Management**

4. FEI Number

65-0210499

Applied For

Not Applicable

22 **441 South state Rd 7, Suite 4**

27 **441 South state Rd 7, Suite 4**

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

23 **Margate FL**

28 **Margate FL**

6. Election Campaign Financing Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

24 **33068**

25 **USA**

29 **33068**

30 **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~BAUER MANAGEMENT CORPORATION
3445 NW 55 ST
SUITE 203
FT LAUDERDALE FL 3309~~

81 Name

Sunvest Management Co.

82 Street Address (P.O. Box Number is Not Acceptable)

441 South State Road 7, Suite 4

83

84 City

Margate

FL

85 Zip Code

33068

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

[Signature]

Steve High

2-5-96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VD** ☒ DELETE
NAME **VILLANI, KATIE**
STREET ADDRESS **5701 NW 60 ST**
CITY-ST-ZIP **PARKLAND FL**

1.1 TITLE **PD** ☐ Change ☒ Addition
1.2 NAME **Heffernan, Dale**
1.3 STREET ADDRESS **5901 NW 58 Terr.**
1.4 CITY-ST-ZIP **Parkland FL 33076**

TITLE **STD** ☒ DELETE
NAME **BINNIE, MARGARET**
STREET ADDRESS **5940 NW 65 CT**
CITY-ST-ZIP **PARKLAND FL**

2.1 TITLE **VD** ☐ Change ☒ Addition
2.2 NAME **Spoerl, Janet**
2.3 STREET ADDRESS **5919 NW 59 Ave**
2.4 CITY-ST-ZIP **Parkland FL 33076**

TITLE **PD** ☒ DELETE
NAME **HANDLER, BRETT**
STREET ADDRESS **5670 CORPORATE WAY**
CITY-ST-ZIP **W PALM BEACH FL**

3.1 TITLE **TD** ☐ Change ☒ Addition
3.2 NAME **Phillips, Diane**
3.3 STREET ADDRESS **5911 NW 58 Terr**
3.4 CITY-ST-ZIP **Parkland FL 33076**

TITLE **D** ☒ DELETE
NAME **SCHECHTER, MARK**
STREET ADDRESS **6261 NW 58TH WAY**
CITY-ST-ZIP **PARKLAND FL**

4.1 TITLE **SD** ☐ Change ☒ Addition
4.2 NAME **Villani, Katie**
4.3 STREET ADDRESS **5701 NW 60 Street**
4.4 CITY-ST-ZIP **Parkland FL 33076**

TITLE **D** ☒ DELETE
NAME **HANDLER, WILLIAM**
STREET ADDRESS **1287 E NEWPORT CENTER #209**
CITY-ST-ZIP **DEERFIELD BCH FL**

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **Handler, Brett**
5.3 STREET ADDRESS **5670 Corporate Way**
5.4 CITY-ST-ZIP **West Palm Beach FL 33407**

TITLE ☒ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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)(k), 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 on an attachment with an address.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-96

Date

305-9423961

Daytime Phone #

CR2E037 (12/95)