

**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: 3445 NW 55 ST, P O BOX 100547, FT LAUDERDALE FL 33309 US  
Mailing Address: 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  
4. FEI Number: 65-0210499  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business  
21. **Sunvest Management**  
22. **441 South state Rd 7, Suite 4**  
23. **Margate FL**  
24. **33068**  
25. **USA**  
2a. Mailing Address  
26. **Sunvest Management**  
27. **441 South state Rd 7, Suite 4**  
28. **Margate FL**  
29. **33068**  
30. **USA**

9. Name and Address of Current Registered Agent  
**BAUER MANAGEMENT CORPORATION**  
3445 NW 55 ST  
SUITE 203  
FT LAUDERDALE FL 33009

10. Name and Address of New Registered Agent  
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 617.0303, Florida Statutes.

SIGNATURE: *[Signature]* Steve High DATE: 2-5-96

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	VILLANI, KATIE	
STREET ADDRESS	5701 NW 60 ST	
CITY-ST-ZIP	PARKLAND FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	BINNIE, MARGARET	
STREET ADDRESS	5940 NW 65 CT	
CITY-ST-ZIP	PARKLAND FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HANDLER, BRETT	
STREET ADDRESS	5670 CORPORATE WAY	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCHECHTER, MARK	
STREET ADDRESS	6261 NW 58TH WAY	
CITY-ST-ZIP	PARKLAND FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HANDLER, WILLIAM	
STREET ADDRESS	1287 E NEWPORT CENTER #209	
CITY-ST-ZIP	DEERFIELD BCH FL	
TITLE		<input checked="" type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Heffernan, Dale	
1.3 STREET ADDRESS	5901 NW 58 Terr.	
1.4 CITY-ST-ZIP	Parkland FL 33076	
2.1 TITLE	V.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Spoerl, Janet	
2.3 STREET ADDRESS	5919 NW 59 Ave	
2.4 CITY-ST-ZIP	Parkland FL 33076	
3.1 TITLE	T.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Phillips, Diane	
3.3 STREET ADDRESS	5911 NW 58 Terr	
3.4 CITY-ST-ZIP	Parkland FL 33076	
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Villani, Katie	
4.3 STREET ADDRESS	5701 NW 60 Street	
4.4 CITY-ST-ZIP	Parkland FL 33076	
5.1 TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Handler, Brett	
5.3 STREET ADDRESS	5670 Corporate Way	
5.4 CITY-ST-ZIP	West Palm Beach FL 33407	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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]* Dale Hefernan DATE: 2-28-96 305-9423961

CR2E037 (12/95)