

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 28 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** N36898  
 1. Corporation Name  
**SABLE PASS COMMUNITY ASSOCIATION INC**

Principal Place of Business Mailing Address  
**Phoenix Management**  
**541 S State Road 7 Suite 12**  
**Margate Fl 33068**

<b>21</b> 2. Principal Place of Business	<b>2a.</b> Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Zip
Country	Country

<b>3.</b> Date Incorporated or Qualified 3/1/90	<b>3a.</b> Date of Last Report
<b>4.</b> FEI Number 65-0210499	Applied For Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

<b>81</b> Name	Phoenix Management
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	541 S State Road 7 Suite 12
<b>83</b> City	Margate
<b>84</b> State	FL
<b>85</b> 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 *Sheldon Goldberg* *5/19/97*  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Diane Phillips <input type="checkbox"/> DELETE 5911 NW 58 Terrace Parkland Fl 33076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP D Lawrence M Cohen <input type="checkbox"/> DELETE 5721 NW 62 Street Parkland Fl 33076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Peter Prinzivalli <input type="checkbox"/> DELETE 5910 NW 58 Terrace Parkland Fl 33076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Carol Denaro <input type="checkbox"/> DELETE 5820 NW 62 Street Parkland Fl 33076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Brett Handler <input type="checkbox"/> DELETE 5670 Corporate Way W Palm Beach Fl 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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 on an attachment with an address.

SIGNATURE: *Sheldon Goldberg* **4/24/97** **954-341-6648**  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/96)