

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N36898**

1. Entity Name

**SABLE PASS COMMUNITY ASSOCIATION, INC.**

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90055 023 \*\*\*\*61.25

Principal Place of Business

Mailing Address

3300 UNIVERSITY DR.  
 #405  
 CORAL SPRINGS FL 33065  
 US

3300 UNIVERSITY DR.  
 #405  
 CORAL SPRINGS FL 33065-4130  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0210499**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**UNITED COMMUNITY MANAGEMENT CORP.**  
**3300 UNIVERSITY DR.**  
**#405**  
**CORAL SPRINGS FL 33065**

Name

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

City

**FL**

Zip Code

8. 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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	PHILLIPS, DIANE	
STREET ADDRESS	5911 NW 58 TERR.	
CITY-ST-ZIP	PARKLAND FL 33067	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	COHEN, LARRY	
STREET ADDRESS	5721 NW 62 ST.	
CITY-ST-ZIP	PARKLAND FL 33067	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GUNTIN, MARISEL	
STREET ADDRESS	6120 NW 58 WAY	
CITY-ST-ZIP	PARKLAND FL 33067	
TITLE	SD	<input type="checkbox"/> Delete
NAME	VILLANI, KATIE	
STREET ADDRESS	5701 NW 60 ST.	
CITY-ST-ZIP	PARKLAND FL 33067	
TITLE	D	<input type="checkbox"/> Delete
NAME	PRINZIVALLI, PETER	
STREET ADDRESS	5910 NW 58TH TERRACE	
CITY-ST-ZIP	PARKLAND FL 33067	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Phillips, Diane	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hammarine, Saleh	
STREET ADDRESS	5830 NW 66 ST	
CITY-ST-ZIP	PARKLAND FL 33067	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Guntin Marisel	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Villani, Katie	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Danielle KAVILLANI R. Villani 3/27/00 984-341-3171  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)