


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90036 040 ****61.25

DOCUMENT # N36898 1. Entity Name SABLE PASS COMMUNITY ASSOCIATION, INC.					
Principal Place of Business 3300 UNIVERSITY DR. #405 CORAL SPRINGS, FL 33065 US			Mailing Address 3300 UNIVERSITY DR. #405 CORAL SPRINGS, FL 33065 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0210499	
5. Certificate of Status Desired <input type="checkbox"/>				\$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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PHILLIPS, DIANE		NAME		
STREET ADDRESS	5911 NW 58 TERR.		STREET ADDRESS		
CITY-ST-ZIP	PARKLAND, FL 33067		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	CO-PD (Co-President) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MYERS, NURIA		NAME		
STREET ADDRESS	5921 NW 65 CT		STREET ADDRESS		
CITY-ST-ZIP	PARKLAND, FL 33067		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	CO-PD (Co-President) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PRINZIVALLI, PETER		NAME	Phillips, Dan	
STREET ADDRESS	5910 NW 58TH TERRACE		STREET ADDRESS	5911 NW 58 Terrace	
CITY-ST-ZIP	PARKLAND, FL 33067		CITY-ST-ZIP	Parkland, FL 33067	
TITLE		<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Lee, Mary Ellen	
STREET ADDRESS			STREET ADDRESS	6421 NW 58 Terrace	
CITY-ST-ZIP			CITY-ST-ZIP	Parkland, FL 33067	
TITLE		<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Vazquez, Daniel	
STREET ADDRESS			STREET ADDRESS	5921 NW 59 Avenue	
CITY-ST-ZIP			CITY-ST-ZIP	Parkland, FL 33067	
TITLE		<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Behana, Scott	
STREET ADDRESS			STREET ADDRESS	5701 NW 63 Place	
CITY-ST-ZIP			CITY-ST-ZIP	Parkland, FL 33067	
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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3/31/04 954 341 6648 Date Daytime Phone #		