


**2005 NOT-FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG 19 AM 9:16

DOCUMENT # N36898					
1. Entity Name SABLE PASS COMMUNITY ASSOCIATION, INC.					
Principal Place of Business 11784 W SAMPLE RD CORAL SPRINGS, FL 33065 US			Mailing Address 11784 W SAMPLE RD 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
5. Certificate of Status Desired <input type="checkbox"/>				4. FEI Number 65-0210499 Applied For <input type="checkbox"/> Not Applicable	
				08032005 Chg-NP CR2E037 (10/03) \$8.75 Additional Fee Required	
5. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
UNITED COMMUNITY MANAGEMENT CORP. 11784 W SAMPLE ROAD 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 _____ DATE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Amended AR is \$61.25		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	CP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, DON			NAME	300058904443
STREET ADDRESS	5911 NW 58 TERR.			STREET ADDRESS	08/24/05--01005--003 **\$61.25
CITY-ST-ZIP	PARKLAND, FL 33067			CITY-ST-ZIP	
TITLE	CP	<input type="checkbox"/> Delete		TITLE	<input 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 checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRINZIVALLI, PETER			NAME	D Herring, mike
STREET ADDRESS	5910 NW 58TH TERRACE			STREET ADDRESS	5830 NW 63 Place
CITY-ST-ZIP	PARKLAND, FL 33067			CITY-ST-ZIP	Parkland, Fl. 33067
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, MARY ELLEN			NAME	
STREET ADDRESS	6421 NW 58 TERRACE			STREET ADDRESS	
CITY-ST-ZIP	PARKLAND, FL 33067			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAZQUEZ, DANIEL			NAME	
STREET ADDRESS	5921 NW 59 AVENUE			STREET ADDRESS	
CITY-ST-ZIP	PARKLAND, FL 33067			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEHANA, SCOTT			NAME	
STREET ADDRESS	5701 NW 63 PLACE			STREET ADDRESS	
CITY-ST-ZIP	PARKLAND, FL 33067			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 employees.					
SIGNATURE: <i>Don Phillips</i>				Date: 8/6/05 954346648	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
				Daytime Phone #	