


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90419 022 ****61.25

DOCUMENT # N36898 1. Entity Name SABLE PASS COMMUNITY ASSOCIATION, INC.	
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Principal Place of Business 11784 W SAMPLE RD CORAL SPRINGS, FL 33065 US	Mailing Address 11784 W SAMPLE RD CORAL SPRINGS, FL 33065 US
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03132006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-0210499	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent UNITED COMMUNITY MANAGEMENT CORP. 11784 W SAMPLE ROAD CORAL SPRINGS, FL 33065
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DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP PHILLIPS, DON 5911 NW 58 TERR. PARKLAND, FL 33067
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP MYERS, NURIA 5921 NW 65 CT PARKLAND, FL 33067
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HERRING, MIKE 5830 N.W. 63 PLACE PARKLAND, FL 33067
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEE, MARY ELLEN 6421 NW 58 TERRACE PARKLAND, FL 33067
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BEHANA, SCOTT 5701 NW 63 PLACE PARKLAND, FL 33067
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 another like empowered.

SIGNATURE: Don Phillips Don Phillips 3/23/06 9543416648
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #