

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N36898

**Entity Name:** SABLE PASS COMMUNITY ASSOCIATION, INC.

**FILED**  
**Feb 09, 2016**  
**Secretary of State**  
**CC6318245570**

**Current Principal Place of Business:**

11784 WEST SAMPLE ROAD  
SUITE 103  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

11784 WEST SAMPLE ROAD  
SUITE 103  
CORAL SPRINGS, FL 33065 US

**FEI Number: 65-0210499**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

UNITED COMMUNITY MANAGEMENT CORP.  
11784 WEST SAMPLE ROAD  
SUITE 103  
CORAL SPRINGS, FL 33065 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name MYERS, NURIA  
Address 5921 NW 65 CT  
City-State-Zip: PARKLAND FL 33067

Title D  
Name HERRING, MICHAEL  
Address 5830 N.W. 63 PLACE  
City-State-Zip: PARKLAND FL 33067

Title D  
Name PURVIN, PATRICIA  
Address 6411 NW 58 TERRACE  
City-State-Zip: PARKLAND FL 33067

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: NURIA MYERS**

**P**

**02/09/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date