

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710366

FILED  
Apr 29, 2006  
Secretary of State

Entity Name: SABLE CLUB, INC.

## Current Principal Place of Business:

508 E PARKWAY  
STUART, FL 34996 US

## New Principal Place of Business:

## Current Mailing Address:

3573 SE FAIRWAY EAST  
STUART, FL 34997

## New Mailing Address:

FEI Number: 59-1800806

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ZEHR, DAVID A.  
501 E PARKWAY  
STUART, FL 34996 US

## Name and Address of New Registered Agent:

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

## OFFICERS AND DIRECTORS:

Title: T ( ) Delete  
Name: PRITCHARD, KATHLEEN  
Address: 3573 SE FAIRWAY EAST  
City-St-Zip: STUART, FL 34997

Title: P ( ) Delete  
Name: DECKER, RUTH ANN  
Address: 413 EAST PARKWAY  
City-St-Zip: STUART, FL 34996

Title: D ( ) Delete  
Name: JENNINGS, GERTRUDE  
Address: 438 FINI DRIVE  
City-St-Zip: STUART, FL 34996

Title: D ( ) Delete  
Name: ZEHR, DAVID  
Address: 501 E PARKWAY  
City-St-Zip: STUART, FL 34996

Title: D ( ) Delete  
Name: REHOR, ED  
Address: 505 E PARKWAY  
City-St-Zip: STUART, FL 34996

Title: D ( ) Delete  
Name: KUEHN, JANE  
Address: 443 FINI DRIVE  
City-St-Zip: STUART, FL 34996

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: DECKER, RUTH ANN  
Address: 413 EAST PARKWAY  
City-St-Zip: STUART, FL 34996

Title: D (X) Change ( ) Addition  
Name: PRITCHARD, KEVIN J  
Address: 443 SE ROBALO CT  
City-St-Zip: STUART, FL 34996

Title: P (X) Change ( ) Addition  
Name: HOSFORD, MARGE  
Address: 452 SE ROBALO CT  
City-St-Zip: STUART, FL 34996

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KATHLEEN PRITCHARD

T

04/29/2006

Electronic Signature of Signing Officer or Director

Date