2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2008
Secretary of State

DOCUMENT# 710366

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:

PRITCHARD, KATHLEEN
3573 SE FAIRWAY EAST
STUART, FL 34997 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:	D	( ) Delete
Name:	DECKER, RUTH ANN	
Address:	413 EAST PARKWAY	
City-St-Zip:	STUART, FL 34996	
Title:	D	( ) Delete
Name:	PRITCHARD, KEVIN J	
Address:	443 SE ROBALO CT	
City-St-Zip:	STUART, FL 34996	
Title:	P	( ) Delete
Name:	HOSFORD, MARGE	
Address:	452 SE ROBALO CT	
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:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	ALLARD, PAULA	
Address:	507 E PARKWAY	
City-St-Zip:	STUART, FL 34996	

I hereby certify that the information supplied with this filing does not qualify 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 04/12/2008

Electronic Signature of Signing Officer or Director — Date