

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N23390 (0)

1. Corporation Name
SABLEWOOD PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business
**8317 SE WOODCREST PL
HOBE SOUND FL 33455
US**

Mailing Address
**PO BOX 8554
HOBE SOUND FL 33475
US**

3. Date Incorporated or Qualified **11/10/1987** 3a. Date of Last Report **02/03/1995**

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

4. FEI Number **65-0047726** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
~~DOBSON, JOSEPH E.
8333 SE WOODCREST PL
HOBE SOUND FL 33455~~ **Edward P. HANNON
8493 SE WOODCREST PL.
Hobe Sound, FL 33455**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, s. 617.0503, Florida Statutes.

SIGNATURE *Edward P. Hannon* - **EDWARD P. HANNON, President 3-25-96**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required with this filing.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D DELETE	1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOBSON, CATHERINE M.	1.2 NAME	HANNON, Edward P.
STREET ADDRESS	PO BOX 246	1.3 STREET ADDRESS	8493 SE WOODCREST PL.
CITY-ST-ZIP	HOBE SOUND FL	1.4 CITY-ST-ZIP	HOBE SOUND, FL 33455
TITLE	D DELETE	2.1 TITLE	VICE PRES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILES, GREGORY	2.2 NAME	ENDER, ALFRED
STREET ADDRESS	8453 SE WOODCREST PL	2.3 STREET ADDRESS	8334 SE WOODCREST PL.
CITY-ST-ZIP	HOBE SOUND FL	2.4 CITY-ST-ZIP	HOBE SOUND, FL 33455
TITLE	D DELETE	3.1 TITLE	D TREASUROR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANLEY, GARY	3.2 NAME	MAHANNAN, CARMEN
STREET ADDRESS	8358 SE WOODCREST PL	3.3 STREET ADDRESS	8309 WOODCREST PL.
CITY-ST-ZIP	HOBE SOUND FL	3.4 CITY-ST-ZIP	HOBE SOUND, FL 33455
TITLE	P DELETE	4.1 TITLE	D SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOBSON, JOSEPH E.	4.2 NAME	NELLY, GEORGIA
STREET ADDRESS	PO BOX 246 NA	4.3 STREET ADDRESS	8317 SE WOODCREST PL.
CITY-ST-ZIP	HOBE SOUND FL	4.4 CITY-ST-ZIP	HOBE SOUND, FL 33455
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIEBOER, MARY	5.2 NAME	NIEBOER
STREET ADDRESS	8318 SE WOODCREST PL	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL	5.4 CITY-ST-ZIP	
TITLE	S DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOENIGSBURG, DINA	6.2 NAME	COOK, GENE
STREET ADDRESS	8485 SE WOODCREST PL	6.3 STREET ADDRESS	8397 SE WOODCREST PL.
CITY-ST-ZIP	HOBE SOUND FL	6.4 CITY-ST-ZIP	HOBE SOUND, FL 33455

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Edward P. Hannon* **3-25-96 407-545-0733**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Ext.) (Typed Name)

CR2E037 (12/95)