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Jun 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortfiam
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 33475-8554, US

3. Date Incorporated or Qualified: 11/10/1987
3a. Date of Last Report: 04/02/1996

2. Principal Place of Business (21-23): Suite, Apt. #, etc., City & State, Zip, Country
2a. Mailing Address (26-30): Suite, Apt. #, etc., City & State, Zip, Country

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
HANNON, EDWARD P.
8493 SE WOODCREST PL
HOBE SOUND FL 33455

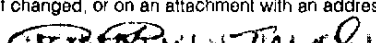
10. Name and Address of New Registered Agent
81 Name: Janice Hannon
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

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, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P HANNON, EDWARD P. 8493 SE WOODCREST PL HOBE SOUND FL	1.1 TITLE	P Janice Hannon
NAME		1.2 NAME	8493 SE Woodcrest P1
STREET ADDRESS		1.3 STREET ADDRESS	Hobe Sound, FL 33455
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	V ENDER, ALFRED 8334 SE WOODCREST PL HOBE SOUND FL	2.1 TITLE	V Walter Millet
NAME		2.2 NAME	PO Box 664
STREET ADDRESS		2.3 STREET ADDRESS	Jupiter, FL 33468
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	DT MAHANNAH, CARMEN 8309 WOODCREST PL HOBE SOUND FL	3.1 TITLE	DT Richard Rosenthal
NAME		3.2 NAME	8485 SE Woodcrest P1
STREET ADDRESS		3.3 STREET ADDRESS	Hobe Sound, FL 33455
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	DT KELLY, GEORGIA 8317 SE WOODCREST PL HOBE SOUND FL	4.1 TITLE	DS Judith Rosenthal
NAME		4.2 NAME	8485 SE Woodcrest P1
STREET ADDRESS		4.3 STREET ADDRESS	Hobe Sound, FL 33455
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D HIEBOER, MARY 8318 SE WOODCREST PL HOBE SOUND FL	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D COOK, GENE 8307 SE WOODCREST PL HOBE SOUND FL	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  4/30/97 544-4181

CR2E037 (9/96)