

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90051 019 \*\*\*\*61.25

**DOCUMENT # N23390**  
 1. Entity 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

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

City & State: \_\_\_\_\_  
 City & State: \_\_\_\_\_

4. FEI Number: **65-0047726**  
 Applied For:  Not Applicable

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**HANNON, EDWARD P.**  
**8493 SE WOODCREST PL**  
**HOBE SOUND FL 33455**

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: \_\_\_\_\_ **FL** Zip Code: \_\_\_\_\_

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

9. Election Campaign Financing Trust Fund Contribution:  **\$5.00** May Be Added to Fees

**FILE NOW: FEE IS \$61.25** **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: P NAME: HANNON, JANICE STREET ADDRESS: 8493 SE WOODCREST PL CITY-ST-ZIP: HOBE SOUND FL	<input checked="" type="checkbox"/> Delete	TITLE: PRESIDENT NAME: MILLET, WALTER STREET ADDRESS: 8462 SE WOODCREST PL CITY-ST-ZIP: HOBE SOUND, FL 33455	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V NAME: MILLET, WALTER STREET ADDRESS: P.O. BOX 664 N/A CITY-ST-ZIP: JUPITER FL	<input checked="" type="checkbox"/> Delete	TITLE: VICE-PRESIDENT NAME: CHARLES MAHANNAH STREET ADDRESS: 8309 SE WOODCREST PL CITY-ST-ZIP: HOBE SOUND, FL 33455	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DT NAME: ROSENTHAL, RICHARD STREET ADDRESS: 8485 S.E. WOODCREST PL CITY-ST-ZIP: HOBE SOUND FL	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: HIEBOER, MARY STREET ADDRESS: 8318 SE WOODCREST PL CITY-ST-ZIP: HOBE SOUND FL	<input checked="" type="checkbox"/> Delete	TITLE: DIRECTOR NAME: JAN HANNON STREET ADDRESS: 8493 SE WOODCREST PL CITY-ST-ZIP: HOBE SOUND, FL 33455	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: COOK, GENE STREET ADDRESS: 8397 SE WOODCREST PL CITY-ST-ZIP: HOBE SOUND FL	<input checked="" type="checkbox"/> Delete	TITLE: DIRECTOR NAME: GREG SAVAGE STREET ADDRESS: 8470 SE WOODCREST PL CITY-ST-ZIP: HOBE SOUND, FL 33455	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE *R.W. Rosenthal* **3/15/00** **561-546-4181**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **R.W.ROSENTHAL** Date Daytime Phone #

CR2E037 (9/99)