

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 24, 2001 8:00 am**  
**Secretary of State**

07-24-2001 90004 040 \*\*\*\*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  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0047726**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

DECEASED

Name **GREG SAVAGE**

Street Address (P.O. Box Number is Not Acceptable)

**8470 SE WOODCREST PL.**

City **HOBE SOUND**

FL

Zip Code **33455**

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

**GREG SAVAGE, PRES/B**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**7/18/01**

DATE

**FILE NOW: FEE IS \$61.25**

**After September 12, 2001, min. will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P**  Delete  
 NAME **MILLET, WALTER**  
 STREET ADDRESS **8462 SE WOODCREST PL**  
 CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE **VP/D**  Change  Addition  
 NAME **TODD PETRIE**  
 STREET ADDRESS **8453 SE WOODCREST PL**  
 CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE **VP**  Delete  
 NAME **MAHANNAH, CHARLES**  
 STREET ADDRESS **8309 SE WOODCREST PL**  
 CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE **S/D**  Change  Addition  
 NAME **SHARON NEEDHAM**  
 STREET ADDRESS **8389 SE WOODCREST PL.**  
 CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE **DT**  Delete  
 NAME **ROSENTHAL, RICHARD**  
 STREET ADDRESS **8485 S.E. WOODCREST PL**  
 CITY-ST-ZIP **HOBE SOUND FL**

TITLE **T/D**  Change  Addition  
 NAME **VICKY BROX**  
 STREET ADDRESS **8373 SE WOODCREST PL**  
 CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE **D**  Delete  
 NAME **HANNON, JAN**  
 STREET ADDRESS **8493 SE WOODCREST PL**  
 CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE **D**  Change  Addition  
 NAME **MARCUS BRAZ**  
 STREET ADDRESS **8317 SE WOODCREST PL**  
 CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE **D**  Delete  
 NAME **SAVAGE, GREG**  
 STREET ADDRESS **8470 SE WOODCREST PL**  
 CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE **D**  Change  Addition  
 NAME **MARGE HANLEY**  
 STREET ADDRESS **8358 SE WOODCREST PL**  
 CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Change  Addition  
 NAME **DOUG NEEDHAM**  
 STREET ADDRESS **8389 SE WOODCREST PL**  
 CITY-ST-ZIP **HOBE SOUND FL 33455**

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 677, 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: **GREG SAVAGE (REQUIRED)**

**7/18/01 (561) 546-7341**

CR2E037 (5/01)