


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 12, 2005 8:00 am**  
**Secretary of State**

01-12-2005 90012 010 \*\*\*\*61.25

**DOCUMENT # N23390**  
 1. Entity Name  
**SABLEWOOD PROPERTY OWNERS' ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
**8317 SE WOODCREST PL.**      **PO BOX 8554**  
**HOBE SOUND, FL 33455 US**      **HOBE SOUND, FL 33475 US**

**DO NOT WRITE IN THIS SPACE**

**40000628**



01072005 No Chg-NP      CR2E037 (10/03)

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

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

6. Name and Address of Current Registered Agent  
**BRAZ, MARCUS**  
**8317 SE WOODCREST PL**  
**HOBE SOUND, FL 33455**

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I, 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:       DATE: **01/08/05**  
Signature Agent or Printed name of registered agent and title (if applicable).      (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25** Due by **May 1, 2005**

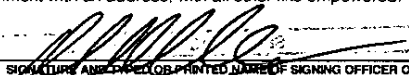
9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	VP
NAME	MARSH, RONALD
STREET ADDRESS	8454 SE WOODCREST PL
CITY-ST-ZIP	HOBE SOUND, FL 33455
TITLE	S
NAME	MASSEY, FRANCES
STREET ADDRESS	8485 SE WOODCREST PL
CITY-ST-ZIP	HOBE SOUND, FL 33455
TITLE	T
NAME	REICHL, CHRISTI
STREET ADDRESS	8326 SE WOODCREST PL
CITY-ST-ZIP	HOBE SOUND, FL 33455
TITLE	D <i>President</i>
NAME	BRAZ, MARCUS
STREET ADDRESS	8317 SE WOODCREST PL
CITY-ST-ZIP	HOBE SOUND, FL 33455
TITLE	D
NAME	HANLEY, MARGE
STREET ADDRESS	8358 SE WOODCREST PL
CITY-ST-ZIP	HOBE SOUND, FL 33455
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:       DATE: **01/08/05**      Daytime Phone #

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR