

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2006
Secretary of State

DOCUMENT# N23390

Entity Name: SABLEWOOD PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

8317 SE WOODCREST PL
HOBE SOUND, FL 33455 US

New Principal Place of Business:

8486 SE WOODCREST PL
HOBE SOUND, FL 33455 US

Current Mailing Address:

PO BOX 8554
HOBE SOUND, FL 33475 US

New Mailing Address:

FEI Number: 65-0047726 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRAZ, MARCUS
8317 SE WOODCREST PL
HOBE SOUND, FL 33455 US

Name and Address of New Registered Agent:

MCGUIGAN, JOSEPH P
8486 SE WOODCREST PL
HOBE SOUND, FL 33455 US

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: JOSEPH P. MCGUIGAN 03/19/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: MARSH, RONALD
Address: 8454 SE WOODCREST PL
City-St-Zip: HOBE SOUND, FL 33455

Title: S () Delete
Name: MASSEY, FRANCES
Address: 8485 SE WOODCREST PL
City-St-Zip: HOBE SOUND, FL 33455

Title: T () Delete
Name: REICHLER, CHRISTI
Address: 8326 SE WOODCREST PL
City-St-Zip: HOBE SOUND, FL 33455

Title: P () Delete
Name: BRAZ, MARCUS
Address: 8317 SE WOODCREST PL
City-St-Zip: HOBE SOUND, FL 33455

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: CAPICOTTI, DIANA
Address: 8405 SE WOODCREST PL
City-St-Zip: HOBE SOUND, FL 33455

Title: T (X) Change () Addition
Name: SAVARESE, SALLY
Address: 8478 SE WOODCREST PL
City-St-Zip: HOBE SOUND, FL 33455

Title: P (X) Change () Addition
Name: MCGUIGAN, JOSEPH P
Address: 8486 SE WOODCREST PL
City-St-Zip: HOBE SOUND, FL 33455

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SALLY SAVARESE T 03/19/2006

Electronic Signature of Signing Officer or Director Date