

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 04, 2007  
Secretary of State**

DOCUMENT# N23390

Entity Name: SABLEWOOD PROPERTY OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

8486 SE WOODCREST PL  
HOBE SOUND, FL 33455 US

**New Principal Place of Business:**

**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:**

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

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
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: CAPICOTTI, DIANA  
Address: 8405 SE WOODCREST PL  
City-St-Zip: HOBE SOUND, FL 33455

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

Title: P      ( ) Delete  
Name: MCGUIGAN, JOSEPH P  
Address: 8486 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:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

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

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

03/04/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date