

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23390

FILED
Mar 10, 2008
Secretary of State

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 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

03/10/2008

Electronic Signature of Signing Officer or Director

Date