N23390

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(Cit	ty/State/Zip/Phone #)				
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RARDICHS 03/5/09

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Sablewood Property Owners' Association, Inc. Name of Corporation							
DOCUMENT NU	JMBER:	N23390	····				
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
	OEBORAH ROSS, Name of C	ESQ.	·				
	Name of C	Contact Person					
	(1000 - 00 - 100)						
	ROSS EARLE & BOI	VAN, RA.	·····				
		Company					
	759 SE FEDERA	OL HWY. SU	NTE 212				
·	A	ddress					
	5TVART, FL 30 City/State	1994	· · · · · · · · · · · · · · · · · · ·				
	7 City/State	and Zip Code	, , , , , , , , , , , , , , , , , , , ,				
			I				
-	E-mail address: (to be used fo	r future annual rep	ort notification)				
		· · · · · · · · · · · · · · · · · · ·	,				
For further information concerning this matter, please call:							
or remain minor conserving man manners browns and							
OECORAH ROSS, FSQ. at (773) 287-1745 Name of Contact Person Area Code & Daytime Telephone Number							
Name of Contact Person Area Code & Daytime Telephone Number							
7 1 11 Mag 00 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

		_	d under the laws of the State d agent, or both, in the State			
1. The name of	the corporation: Sable	wood Propert	ty Owners' Associat	ion, Inc.		
2. The principal office address: 8486 SE Woodcrest Place, Hobe Sound, FL 33455						
3. The mailing	address (if different): PC	Box 8554, Hol	pe Sound, FL 33475			
4. Date of incom	rporation/qualification:	11/10/1987	Document number:	N23390		
	nd street address of the cur artment of State: (If resign		nt and registered office on fil	e with the		
	McGuigan, Joseph	P				
	8486 SE Woodcre	st PI				
	Hobe Sound, FL 3	3455		9		
6. The name an (if changed):		w registered agent (if changed) and /or registered	d office		
	Deborah L. Ross,	Esquire				
	759 S Federal Highway, Suite 212					
		P.O. Box NOT ac	cceptable			
	Stuart, FL 34994					
The street addr as changed wi	ress of its registered offic Il be identical.	e and the street ad	dress of the business office	of its registered agent,		
Such change wanthorized by	vas authorized by resolut the board, or the corpora	ion duly adopted b tion has been notif	y its board of directors or b ied in writing of the change	y an officer so		
J. M.E.	ute of an other or director	 .	Toseph P. M.=G	or Colombia		
Yhamahu aaaan	et the Ladeiusmant as use	istered agent and a isions of all statute d accept the obliga et a change in the r g of this change.	agree to act in this capacity es relative to the proper and ation of my position as regis egistered office address, Ti			
15			7/28/09			
A 3	gnature of Registered Agent		Date			
If signing on b	ehalf of an entity:					
	Typed or Printed Name					

* * * FILING FEE: \$35.00 * * *