

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90067 022 ****61.25

DOCUMENT # N23390

1. Entity Name
SABLEWOOD PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business
**8317 SE WOODCREST PL
HOBE SOUND FL 33455
US**

Mailing Address
**PO BOX 8554
HOBE SOUND FL 33475
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

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

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

6. Name and Address of Current Registered Agent
**SAVAGE, GREG
8470 SE WOODCREST PL
HOBE SOUND FL 33455**

7. Name and Address of New Registered Agent
Name **MARCUS BRAZ**
Street Address (P.O. Box Number is Not Acceptable)
8317 SE WOODCREST PL
City **HOBE SOUND** FL Zip Code **33455**

8. 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 **MARCUS BRAZ, Pres/O** *[Signature]* **03/08/2003**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when terminating) DATE

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BRAZ, MARCUS	
STREET ADDRESS	8317 SE WOODCREST PL	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	S	<input type="checkbox"/> Delete
NAME	MASSEY, FRANCES	
STREET ADDRESS	8485 SE WOODCREST PL	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BROX, VICKY	
STREET ADDRESS	8373 SE WOODCREST PL	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRAZ, MARCUS	
STREET ADDRESS	8317 SE WOODCREST PL	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	D	<input type="checkbox"/> Delete
NAME	HANLEY, MARGE	
STREET ADDRESS	8358 SE WOODCREST PL	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RONALD MARSH	
STREET ADDRESS	8454 SE WOODCREST PLACE	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTI REICHEL	
STREET ADDRESS	8326 SE WOODCREST PLACE	
CITY-ST-ZIP	HOBE SOUND, FL 33455	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 another like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *[Signature]* **Marcus Braz 03/08/2003**

CR2E037 (10/02)