

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36906

FILED
Apr 29, 2009
Secretary of State

Entity Name: SABLE CHASE CLUSTER SUBDIVISION COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

3906 NW 34TH ST
GAINESVILLE, FL 32605 US

New Principal Place of Business:

Current Mailing Address:

C/O ACTION REAL ESTATE SERVICES
6110-B NW 1ST PL
GAINESVILLE, FL 32607 US

New Mailing Address:

FEI Number: 59-3084470 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SAUSAMAN, JEFFREY D
C/O ACTION REAL ESTATE SERVICES
6110-B NW 1ST PL
GAINESVILLE, FL 32607 US

Name and Address of New Registered Agent:

ACTION REAL ESTATE SERVICES
6110-B N.W. 1ST PL.
GAINESVILLE, FL 32607 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: D JEFFREY SAUSAMAN

04/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WEIDNER, JOHN
Address: 4136 NW 34 DR
City-St-Zip: GAINESVILLE, FL 32605

Title: D () Delete
Name: ALTON, LATSON
Address: 3412 NW 35TH ST
City-St-Zip: GAINESVILLE, FL 32605

Title: VD () Delete
Name: WISE, BILL
Address: 4120 NW 35 ST
City-St-Zip: GAINESVILLE, FL 32605

Title: D () Delete
Name: RUBIN, RITA
Address: 4149 NW 34TH DR
City-St-Zip: GAINESVILLE, FL 32605

Title: SD () Delete
Name: EHRMAN, PATRICIA
Address: 4141 NW 34TH DR
City-St-Zip: GAINESVILLE, FL 32605

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:

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: JOHN WEIDNER

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date