

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2005 8:00 am**  
**Secretary of State**

03-08-2005 90185 029 \*\*\*\*61.25

DOCUMENT # N96000006035

1. Entity Name

CAPE SABLE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

JAL PROPERTY MGMT INC  
203  
POMPANO BEACH FL 33065  
US

Mailing Address

10191 W SAMPLE RD  
203  
CORAL SPRINGS FL 33065  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0707957

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CALDERAZZO, JAMES  
10191 W SMPLE RD SUITE 203  
% JAL PROPERTY MGMT INC  
CORAL SPG FL 33065

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Delete  
NAME DAVID, MAZZA  
STREET ADDRESS 5800 S SABLE CIRCLE  
CITY-ST-ZIP POMPAÑO BEACH FL 33063

TITLE P ☒ Change ☐ Addition  
NAME KEITH WALKER  
STREET ADDRESS 5881 S. SABLE CIRCLE  
CITY-ST-ZIP MARGATE, FL 33063

TITLE D ☒ Delete  
NAME CARLENE, RENY  
STREET ADDRESS 6045 N SABLE CIRCLE  
CITY-ST-ZIP MARGATE FL 33063

TITLE VP ☒ Change ☐ Addition  
NAME JEFFREY SNYDER  
STREET ADDRESS 6000 S. SABLE CIRCLE  
CITY-ST-ZIP MARGATE, FL 33063

TITLE PD ☒ Delete  
NAME BRYANT, EDISON  
STREET ADDRESS 2861 EAST SABLE CIRCLE  
CITY-ST-ZIP POMPAÑO BEACH FL 33063

TITLE T/S ☒ Change ☐ Addition  
NAME TROY WILLIAMS  
STREET ADDRESS 6020 S. SABLE CIRCLE  
CITY-ST-ZIP MARGATE, FL 33063

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Change ☐ Addition  
NAME NATHAN BARNESWELL  
STREET ADDRESS 5801 S. SABLE CIRCLE  
CITY-ST-ZIP MARGATE, FL 33063

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-2-05

954 2759059