

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90243 034 ****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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 2006

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 ☐ Delete
NAME WALKER, KEITH
STREET ADDRESS 5881 S SABLE CIR
CITY-ST-ZIP MARGATE FL 33063

TITLE ☒ Delete
NAME VP
NAME SNYDER, JEFFREY
STREET ADDRESS 6000 S SABLE CIR
CITY-ST-ZIP MARGATE FL 33063

TITLE ☒ Delete
NAME TS
NAME WILLIAMS, TROY
STREET ADDRESS 6020 S SAYKE CIR
CITY-ST-ZIP POMPAHO BEACH FL 33063

TITLE ☐ Delete
NAME BP
NAME BARNSWELL, NATHAN
STREET ADDRESS 5801 S SABLE CIR
CITY-ST-ZIP MARGATE FL 33063

TITLE ☐ Delete
NAME Edison Bryant
STREET ADDRESS 2861 E Main St
CITY-ST-ZIP Plantation 33063

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☐ Addition
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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 exemptions contained in Section 119, 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: *Edison Bryant* Edison Bryant

4/17/06 954-968-8365