

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N36906 (8)

1. Corporation Name

SABLE CHASE CLUSTER SUBDIVISION COMMUNITY ASSOCIATION, INC.



Principal Place of Business

Mailing Address

5000 NW 27TH CT
STE - C
GAINESVILLE FL 32606-6500
US

PO BOX 147050
STE - 30
GAINESVILLE FL 32614-7050
US

3. Date Incorporated or Qualified
03/02/1990

3a. Date of Last Report
04/10/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

59-3084470

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, BEVERLY K
5000 NW 27TH COURT
SUITE C
GAINESVILLE FL 32606

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

TITLE DP
NAME FORRESTER, RAY DELETE
STREET ADDRESS 4010 N.W. 35TH ST.
CITY-ST-ZIP GAINESVILLE FL

1.1 TITLE VPD Change Addition
1.2 NAME John Henderson
1.3 STREET ADDRESS 3941 NW 34 Drive
1.4 CITY-ST-ZIP Gainesville, FL 32605

TITLE XB
NAME OLSON, ERIC DELETE
STREET ADDRESS 3912 N.W. 34TH DRIVE
CITY-ST-ZIP GAINESVILLE FL

2.1 TITLE PD Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD
NAME DAVIS, ELAINE DELETE
STREET ADDRESS 4121 N.W. 34TH DRIVE
CITY-ST-ZIP GAINESVILLE FL

3.1 TITLE STD Change Addition
3.2 NAME Gary Porter
3.3 STREET ADDRESS 4035 NW 34 Terrace
3.4 CITY-ST-ZIP Gainesville, FL 32605

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 registered or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with a address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96

Date

352-392-6869

Daytime Phone #

CR2E037 (12/95)