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Apr 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N36906 (8)

1. Corporation Name
SABLE CHASE CLUSTER SUBDIVISION COMMUNITY ASSOCIATION, INC.

Principal Place of Business 2830 NW 41ST ST #F GAINESVILLE FL 32606 US	Mailing Address PO BOX 147050 STE - 30 GAINESVILLE FL 32614-7050 US
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3. Date Incorporated or Qualified
03/02/1990

4. FEI Number
59-3084470

Applied For	
Not Applicable	

21 Street	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
Country	Zip
25	29
Country	30

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

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name **K.**

82 Street Address (P.O. Box Number is Not Acceptable)
2830 NW 41st Street

83 **Suite F**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	JOHN HENDERSON	
STREET ADDRESS	3941 NW 34TH DR	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	ALBERT, JANICE	
STREET ADDRESS	4105 NW 35 ST	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	GARY PORTER	
STREET ADDRESS	4035 NW 34TH TERRACE	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
1.2 NAME	Forrester, Ray	
1.3 STREET ADDRESS	4010 NW 35th Street	
1.4 CITY - ST - ZIP	Gainesville, FL 32605	
2.1 TITLE	VD	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
2.2 NAME		
2.3 STREET ADDRESS	35th Street	
2.4 CITY - ST - ZIP	32605	
3.1 TITLE	STD	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
3.2 NAME	Sterling, Mark	
3.3 STREET ADDRESS	3911 NW 34th Drive	
3.4 CITY - ST - ZIP	Gainesville, FL 32605	
4.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. 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 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 receiver 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 an address.

SIGNATURE: *Janice B. Albert* **3/24/98** **352-374-8090**

CR2E037 (10/97)