

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000003397

FILED  
Apr 30, 2002 8:00 AM  
Secretary of State

Entity Name: SABAL TRACE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1017 CASSEEKEY LANE  
VERO BEACH, FL 32963

**New Principal Place of Business:**

**Current Mailing Address:**

1017 CASSEEKEY LANE  
VERO BEACH, FL 32963

**New Mailing Address:**

FEI Number: 04-3652489

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PETERS, ROBERT A  
1017 CASSEEKEY LANE  
VERO BEACH, FL 32963 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: PETERS, ROBERT A  
Address: 1017 CASSEEKEY LANE  
City-St-Zip: VERO BEACH, FL 32963

Title: STD ( ) Delete  
Name: PETERS, NEAL  
Address: 3427 67TH STREET  
City-St-Zip: VERO BEACH, FL 32967

Title: D ( ) Delete  
Name: EICHELBERGER, CARYN  
Address: 6101 DELEON AVENUE  
City-St-Zip: FT. PIERCE, FL 34951

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CARYN EICHELBERGER

D

04/30/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date