


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2007 8:00 am
Secretary of State

04-26-2007 90239 008 ****61.25

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DOCUMENT # N00000003397			
1. Entity Name SABAL TRACE HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business P.O. BOX 781568 SEBASTIAN, FL 32978		Mailing Address P O BOX 781568 SEBASTIAN, FL 32978	
2. Principal Place of Business - No P.O. Box # 5976 20TH ST. BOX 78		3. Mailing Address 5976 20TH ST. BOX 78	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State VERO BEACH, FL		City & State VERO BEACH, FL	
4. FEI Number 04-3652489		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
8. Name and Address of Current Registered Agent PETITBOIS, JEAN FRANCOIS 1181 7 AVE VERO BEACH, FL 32960		7. Name and Address of New Registered Agent Name JUDSON C. KEEN Street Address (P.O. Box Number is Not Acceptable) 5814 22ND ST. City VERO BEACH FL Zip Code 32966	
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 <u>Judson C. Keen</u> JUDSON C. KEEN, PRESIDENT <u>4/23/2007</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when retransmitting) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			
TITLE	P	<input checked="" type="checkbox"/> Delete	
NAME	PETITBOIS, JEAN FRANCOIS		
STREET ADDRESS	1811 7 AVE		
CITY-ST-ZIP	VERO BEACH, FL 32960		
TITLE	MVTS	<input checked="" type="checkbox"/> Delete	
NAME	PETITBOIS, HILDA M		
STREET ADDRESS	1811 7 AVE		
CITY-ST-ZIP	VERO BEACH, FL 32960		
TITLE	T	<input type="checkbox"/> Delete	
NAME	PAYNE, RANDY		
STREET ADDRESS	5831 22 STREET		
CITY-ST-ZIP	VERO BEACH, FL 32966		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JUDSON C. KEEN		
STREET ADDRESS	5814 22ND ST.		
CITY-ST-ZIP	VERO BCH, FL 32966		
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARILYN ANDERSON		
STREET ADDRESS	5826 22ND ST.		
CITY-ST-ZIP	VERO BCH, FL 32966		
TITLE	TREASURER, VICEPRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RANDY PAYNE		
STREET ADDRESS	5831 22ND ST.		
CITY-ST-ZIP	VERO BCH, FL 32966		
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	TOM KAUFFMANN		
STREET ADDRESS	5802 22ND ST.		
CITY-ST-ZIP	VERO BCH, FL 32966		
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	AUBREY SOLDON		
STREET ADDRESS	217 SE SIMS CIRCLE		
CITY-ST-ZIP	PT. ST. LUCIE, FL 34984-6502		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Chapter 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: <u>Judson C. Keen</u> JUDSON C. KEEN <u>4/23/2007</u> <u>(772) 231-8135</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			