

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000008754

**FILED**  
**Apr 14, 2023**  
**Secretary of State**  
**6319127637CC**

**Entity Name:** SABAL TRACE SINGLE-FAMILY PROPERTY OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O SW GATEWAY, INC  
1532 RIO DE JANEIRO  
PUNTA GORDA, FL 33983

**Current Mailing Address:**

P.O. BOX 495840  
PORT CHARLOTTE, FL 33949 US

**FEI Number: 20-1151452**

**Certificate of Status Desired: No**

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

SW GATEWAY, INC  
1532 RIO DE JANEIRO  
PUNTA GORDA, FL 33983 US

*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: KRISTINE WISHARD**

**04/14/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            GAISER, RICHARD  
Address        P.O. BOX 495840  
City-State-Zip: PORT CHARLOTTE FL 33949

Title            VP  
Name            SEMMLER, LINDA  
Address        P.O. BOX 495840  
City-State-Zip: PORT CHARLOTTE FL 33949

Title            TREASURER  
Name            ANDERSON, TERRY  
Address        P.O. BOX 495840  
City-State-Zip: PORT CHARLOTTE FL 33949

Title            DIRECTOR  
Name            FOXHALL, ALDEN  
Address        P.O. BOX 495840  
City-State-Zip: PORT CHARLOTTE FL 33949

Title            SECRETARY  
Name            GROSSO, PAUL  
Address        P.O. BOX 495840  
City-State-Zip: PORT CHARLOTTE FL 33949

Title            MANAGER  
Name            WISHARD, KRISTINE  
Address        P.O. BOX 495840  
City-State-Zip: PORT CHARLOTTE FL 33949

*I hereby 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 all other like empowered.*

**SIGNATURE: KRISTINE WISHARD**

**MANAGER**

**04/14/2023**

Electronic Signature of Signing Officer/Director Detail

Date