

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008754

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

FILED
Apr 03, 2024
Secretary of State
1558377601CC

Current Principal Place of Business:

C/O SW GATEWAY, INC
1532 RIO DE JANEIRO AVE
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 AVE
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

04/03/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title PRESIDENT
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 TREASURER
Name GARDNER, JOHN
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

Title DIRECTOR
Name FALZONE, THOMAS
Address PO 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

04/03/2024

Electronic Signature of Signing Officer/Director Detail

Date