


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 08, 2003 8:00 am
Secretary of State

04-21-2003 90315 015 ****61.25

DOCUMENT # N02000008754					
1. Entity Name SABAL TRACE SINGLE-FAMILY PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 13035-A TAMIAMI TRAIL NORTH PORT FL 34287		Mailing Address 13035-A TAMIAMI TRAIL NORTH PORT FL 34287			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MCKINLEY, MICHAEL R 18401 MURDOCK CIRCLE PORT CHARLOTTE FL 33948			7. Name and Address of New Registered Agent Name William C. Sutton Street Address (P.O. Box Number is Not Acceptable) 748 S. Tamiami Trail City Osprey FL Zip Code 34229		
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 <i>William Sutton</i> William Sutton DATE 4-11-03 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIPPS, PETER E		NAME	E.R. Weber	
STREET ADDRESS	13035-A TAMIAMI TRAIL		STREET ADDRESS	5290 Pinhurst Ct.	
CITY-ST-ZIP	NORTH PORT FL 34287		CITY-ST-ZIP	North Port, FL 34287	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSS, LINDA		NAME	John Jensen	
STREET ADDRESS	13035-A TAMIAMI TRAIL		STREET ADDRESS	5764 Medinah Court	
CITY-ST-ZIP	NORTH PORT FL 34287		CITY-ST-ZIP	NORTH PORT, FL 34287	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARREN, MARGARET		NAME		
STREET ADDRESS	13035-A TAMIAMI TRAIL		STREET ADDRESS		
CITY-ST-ZIP	NORTH PORT FL 34287		CITY-ST-ZIP		
TITLE	Presd.	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas Terardi		NAME		
STREET ADDRESS	5360 Oakmont Court		STREET ADDRESS		
CITY-ST-ZIP	North Port, FL 34287		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard Baiser		NAME		
STREET ADDRESS	6444 Sabal Trace Dr		STREET ADDRESS		
CITY-ST-ZIP	North Port, FL 34287		CITY-ST-ZIP		
TITLE	Secy Treasurer	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Donald Kregel		NAME		
STREET ADDRESS	5773 Concord Dr.		STREET ADDRESS		
CITY-ST-ZIP	North Port, FL 34287		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>William Sutton</i> SIGNATURE REQUIRED		Date 4-11-03		Daytime Phone # 941-915-5453	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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CHECK HERE IF MAKING CHANGES

CR2E037 (10/02)