

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91049 026 ****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
23081 Harborview Rd

3. Mailing Address
PO Box 380758

Suite, Apt. #, etc.
2nd Floor

City & State
Port Charlotte, FL

City & State
Murdock FL

Zip
33980

Country
Charlotte

Zip
33938

Country
Charlotte

04212004 Chg-NP CR2E037 (10/03)

4. FEI Number
APPLIED FOR Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SUTTON, WILLIAM C
 748 TAMiami TRAIL
 OSPREY, FL 34229**

7. Name and Address of New Registered Agent

Name
Kristine Wishard

Street Address (P.O. Box Number is Not Acceptable)
23081 Harborview Road

2nd floor

City
Port Charlotte

FL Zip Code
33980

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 *Kristine Wishard* **Kristine Wishard** **April 23, 04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE D	<input type="checkbox"/> Delete
NAME WEBER, E.R.	
STREET ADDRESS 5290 PINEHURST CT.	
CITY-ST-ZIP NORTH PORT, FL 34287	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME JENSEN, JOHN	
STREET ADDRESS 5764 MEDIAN COURT	
CITY-ST-ZIP NORTH PORT, FL 34287	
TITLE P	<input type="checkbox"/> Delete
NAME IERARDI, THOMAS	
STREET ADDRESS 5360 OAKMONT COURT	
CITY-ST-ZIP NORTH PORT, FL 34287	
TITLE V	<input type="checkbox"/> Delete
NAME GAISER, RICHARD	
STREET ADDRESS 5444 SABAL TRACE DR.	
CITY-ST-ZIP NORTH PORT, FL 34287	
TITLE ST	<input type="checkbox"/> Delete
NAME KREGEL, DONALD	
STREET ADDRESS 5773 CONCORD DR.	
CITY-ST-ZIP NORTH PORT, FL 34287	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" 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 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 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: *X Thomas C. Ierardi Jr* **4/23/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #