

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90310 030 \*\*\*\*61.25

**DOCUMENT # N02000008754**



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

Principal Place of Business  
 23081 HARBORVIEW RD. 2ND FLOOR  
 PORT CHARLOTTE, FL 33980

Mailing Address  
 PO BOX 380758  
 MURDOCK, FL 33938

**20039091**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01102005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number

20-1151452

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WISHARD, KRISTINE  
 23081 HARBORVIEW RD 2ND FLOOR  
 PORT CHARLOTTE, FL 33980

Name

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

City

**FL**

Zip Code

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 \_\_\_\_\_

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, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D**  Delete  
 NAME **WEBER, E.R.**  
 STREET ADDRESS **5290 PINEHURST CT.**  
 CITY-ST-ZIP **NORTH PORT, FL 34287**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **P**  Delete  
 NAME **IERARDI, TOM**  
 STREET ADDRESS **5360 OAKMONT COURT**  
 CITY-ST-ZIP **NORTH PORT, FL 34287**

TITLE **SD**  Change  Addition  
 NAME **Miller, Kenneth**  
 STREET ADDRESS **P.O. Box 380758**  
 CITY-ST-ZIP **Murdock, FL 33938**

TITLE **V**  Delete  
 NAME **GAISER, RICHARD**  
 STREET ADDRESS **5444 SABAL TRACE DR.**  
 CITY-ST-ZIP **NORTH PORT, FL 34287**

TITLE **PD**  Change  Addition  
 NAME **Gaiser, Richard**  
 STREET ADDRESS **P.O. Box 380758**  
 CITY-ST-ZIP **Murdock, FL 33938**

TITLE **ST**  Delete  
 NAME **KREGEL, DONALD**  
 STREET ADDRESS **5773 CONCORD DR.**  
 CITY-ST-ZIP **NORTH PORT, FL 34287**

TITLE **TD**  Change  Addition  
 NAME **Kregel, Donald**  
 STREET ADDRESS **PO Box 380758**  
 CITY-ST-ZIP **Murdock, FL 33938**

TITLE **D**  Delete  
 NAME **KISH, JOHN**  
 STREET ADDRESS **5343 SABAL TRACE DRIVE**  
 CITY-ST-ZIP **NORTH PORT, FL 34287**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VPD**  Change  Addition  
 NAME **Beverly Cliff**  
 STREET ADDRESS **P.O. Box 380758**  
 CITY-ST-ZIP **Murdock, FL 33938**

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: *Kristine Wishard, Registered Agent*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/05  
 Date

941-629-8190  
 Daytime Phone #