

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008754

FILED
Apr 20, 2008
Secretary of State

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

Current Principal Place of Business:

23081 HARBORVIEW RD. 2ND FLOOR
PORT CHARLOTTE, FL 33980

New Principal Place of Business:

1532 RIO DE JANEIRO AVENUE
PUNTA GORDA, FL 33983

Current Mailing Address:

PO BOX 380758
MURDOCK, FL 33938

New Mailing Address:

FEI Number: 20-1151452 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

WISHARD, KRISTINE
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: _____ Date: 04/20/2008
Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: YATES, LARRY
Address: 4525 SABEL TRACE DRIVE
City-St-Zip: NORTH PORT, FL 34287

Title: SD () Delete
Name: MCLLOUD, KENNETH
Address: 5748 MEDINAH COURT
City-St-Zip: NORTH PORT, FL 34287

Title: PD () Delete
Name: GAISER, RICHARD
Address: P.O. BOX 380758
City-St-Zip: MURDOCK, FL 33938

Title: T () Delete
Name: YORK, PAM
Address: P.O. BOX 380758
City-St-Zip: MURDOCK, FL 33938

Title: D () Delete
Name: SHARP, TOBY
Address: 5364 OAKMONT COURT
City-St-Zip: NORTH PORT, FL 34287

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: YATES, LARRY
Address: 4525 SABAL TRACE DRIVE
City-St-Zip: NORTH PORT, FL 34287

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: YORK, PAM
Address: P.O. BOX 380758
City-St-Zip: MURDOCK, FL 33938

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RICHARD GAISER PD Date: 04/20/2008
Electronic Signature of Signing Officer or Director