


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90051 027 ****61.25

DOCUMENT # N94000004709

1. Entity Name
SABAL TRACE MASTER ASSOCIATION, INC.



Principal Place of Business
MANASOTA MGMT
748 S. TAMIAMI TR.
OSPREY, FL 34224 US

Mailing Address
PO BOX 914
OSPREY, FL 34224 US

2. Principal Place of Business
Progressive Community Mgmt, Inc.
 State, Apt. #, etc.
1801 Glegary St
 City & State
Sarasota, FL
 Zip
34231 Country
USA

3. Mailing Address
Progressive Community Mgmt, Inc.
 State, Apt. #, etc.
1801 Glegary St.
 City & State
Sarasota, FL
 Zip
34231 Country
USA



02262004 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0563543 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
O'GRADY, BARBARA
748 S. TAMIAMI TR.
OSPREY, FL 34229

7. Name and Address of New Registered Agent
 Name
Progressive Community Management, Inc.
 Street Address (P.O. Box Number is Not Acceptable)
1801 Glegary Street
 City
Sarasota, FL Zip Code
34231

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 *Jim Markel* **Jim Markel** **2/27/04**
Signature, typed or printed name of registered agent and title (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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDD SHIPPS, PETER 13035 TAMIAMI TR & A1 NORTH PORT, FL 34287 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Tower, Fred 5662 Rutherford Court North Port, FL 34287 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUTLER, PERRY 5278 PINEHURST CT NORTH PORT, FL 34287 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Georgia, William 5800 Sabal Trace Drive, # 804 North Port, FL 34287 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASS, JOHN 13035 TAMIAMI TR. A1 NORTH PORT, FL 34287 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FD Hall, Edward 5800 Sabal Trace Drive, # 402 North Port, FL 34287 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Terardi, Thomas 5360 Oakmont Ct. North Port, FL 34287 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Gaiser, Richard 5444 Sabal Trace Drive North Port, FL 34287 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD Sutton, William 1801 Glegary St. Sarasota, FL 34231 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *William Sutton* **William Sutton** **2/27/04** **(941)921-5393**
SIGNATURE (AND TYPE) OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #