
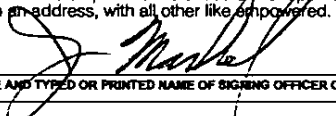


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90185 033 ****61.25

DOCUMENT # N94000004709			
1. Entity Name SABAL TRACE MASTER ASSOCIATION, INC.			
Principal Place of Business PROGRESSIVE COMMUNITY MGMT. INC 1801 GLENGARY ST. SARASOTA, FL 34231 US		Mailing Address PROGRESSIVE COMMUNITY MGMT. INC 1801 GLENGARY ST. SARASOTA, FL 34231 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent PROGRESSIVE COMMUNITY MGMT, INC 1801 GLENGARY STREET. SARASOTA, FL 34231		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	PD LYNCH, JOHN 5800 SABAL TRACE DR #1303 NORTH PORT, FL 34287 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAGNESS, WALLACE 5511 BIRKDALE COURT NORTH PORT, FL 34287 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JENSEN, JOHN 5764 MEDINAH CT NORTH PORT, FL 34287 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CAMPBELL, RICHARD 1801 GLENGARY STREET SARASOTA, FL 34231 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GOBEILLE, SHIRLEY G 5800 SABAL TRACE DR #702 NORTH PORT, FL 34287 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MULLAN, DONALD 5800 SABAL TRACE DR, #1001 NORTH PORT, FL 34287 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MARKEL, JIM 1801 GLENGARY ST SARASOTA, FL 34231 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GAISER, RICHARD 5444 SABAL TRACE DR. NORTH PORT, FL 34287 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT SUTTON, WILLIAM 1801 GLENGARY ST SARASOTA, FL 34231 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		Jim MARKEL 4/17/06 941-921-5393	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

40066392



04172006 Chg-NP CR2E037 (11/05)

4. FEI Number 65-0563543 Applied For Not Applicable

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