


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90206 002 ****61.25

DOCUMENT # N94000004709

1. Entity Name
SABAL TRACE MASTER ASSOCIATION, INC.



40083390

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 - No P.O. Box #
1532 Rio de Janeiro Ave

3. Mailing Address
PO Box 380758

Suite, Apt. #, etc. _____ Suite, Apt. #, etc. _____

03262007 Chg-NP CR2E037 (12/06)

City & State
Punta Gorda, FL

City & State
Murdock, FL

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
PROGRESSIVE COMMUNITY MGMT, INC
1801 GLENGARY STREET.
SARASOTA, FL 34231

7. Name and Address of New Registered Agent
 Name **Kristine Wishard**
 Street Address (P.O. Box Number is Not Acceptable)
1532 Rio de Janeiro
 City **Punta Gorda FL** Zip Code **33983**

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* DATE **3/26/07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007

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	PD MAGNESS, WALLACE 5511 BIRKDALE CT NORTH PORT, FL 34287 <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	VPD CAMPBELL, RICHARD 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	STD MULLAN, DONALD 5800 SABAL TRACE DR #1001 NORTH PORT, FL 34287 <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	AS MARKEL, JIM 1801 GLENGARY ST SARASOTA, FL 34231 <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 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	<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 information.

SIGNATURE: *Wallace Magness* DATE: **4/13/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #