### I hereby 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 all other like empowered.

PRESIDENT

### SIGNATURE: RICHARD GAISER

Electronic Signature of Signing Officer/Director Detail

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.

Electronic Signature of Registered Agent

SIGNATURE:

## (

Officer/Director Detail :			
Title	PRESIDENT, DIRECTOR	Title	VP, DIRECTOR
Name	GAISER, RICHARD	Name	HECKLER, LARRY
Address	PO BOX 380758	Address	PO BOX 380758
City-State-Zip:	MURDOCK FL 33938	City-State-Zip:	MURDOCK FL 33938
Title	DIRECTOR		
THE	DIRECTOR		
Name	HELMS, PAUL		
Address	PO BOX 380758		
City-State-Zip:	MURDOCK FL 33938-0758		

# Name and Address of Current Registered Agent:

FEI Number: 65-0563543

**Current Mailing Address:** 

1532 RIO DE JANEIRO AVE PUNTA GORDA, FL 33983

PO BOX 380758 MURDOCK, FL 33938-0758 US

DOCUMENT# N94000004709

**Current Principal Place of Business:** 

THE GATEWAY GROUP 1532 RIO DE JANEIRO AVE PUNTA GORDA, FL 33983 US

Entity Name: SABAL TRACE MASTER ASSOCIATION, INC.

# FILED Apr 13, 2017 Secretary of State CC8771728017

Certificate of Status Desired: No

04/13/2017

Date

Date