# 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.

#### SIGNATURE: KRISTINE WISHARD

Electronic Signature of Signing Officer/Director Detail

2022 FLORIDA NOT FOR PROFIT	<b>CORPORATION ANNUAL REPORT</b>

#### DOCUMENT# N94000004709

Entity Name: SABAL TRACE MASTER ASSOCIATION, INC.

#### Current Principal Place of Business:

C/O SW GATEWAY, INC 1532 RIO DE JANEIRO PUNTA GORDA, FL 33983

#### **Current Mailing Address:**

PO BOX 380758 MURDOCK, FL 33938 US

### FEI Number: 65-0563543

## Name and Address of Current Registered Agent:

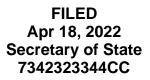
SW GATEWAY, INC 1532 RIO DE JANEIRO PUNTA GORDA, FL 33983 US

Certificate of Status Desired: No

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	E: KRISTINE WISHARD			04/18/2022
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	PRESIDENT, DIRECTOR	Title	VP, DIRECTOR	
Name	GAISER, RICHARD	Name	COLLINS, PETER	
Address	PO BOX 380758	Address	PO BOX 380758	
City-State-Zip:	MURDOCK FL 33938	City-State-Zip:	MURDOCK FL 33938	
Title	DIRECTOR	Title	MANAGER	
Name	GREEN, DAVID	Name	WISHARD, KRISTINE	
	,		- , -	
Address	PO BOX 380758	Address	PO BOX 380758	
City-State-Zip:	MURDOCK FL 33938	City-State-Zip:	MURDOCK FL 33938	

MANAGER



Date