

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Jul 27, 1999 8:00 am**  
**Secretary of State**

07-27-1999 90007 029 \*\*\*\*61.25



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**

**DOCUMENT # N94000004709**

1. Corporation Name

**SABAL TRACE MASTER ASSOCIATION, INC.**

Principal Place of Business

2601 S. BAYSHORE DR.  
 MIAMI FL 33133

Mailing Address

2601 S. BAYSHORE DR.  
 SUITE 900 LEGAL DEPT  
 MIAMI FL 33133  
 US



2. Principal Place of Business

21 2200 Kings Highway 3J

2a. Mailing Address

26 PO Box 380758

3. Date Incorporated or Qualified

09/23/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0563543

Applied For

Not Applicable

City & State

23 Port Charlotte, FL

City & State

28 Murdock, FL

5. Certificate of Status Desired

\$8.75 Additional  
 Fee Required

Zip

Country

24 33980

25 US

Zip

Country

29 33838-0758

30 US

6. Election Campaign Financing  
 Trust Fund Contribution

\$5.00 May Be  
 Added to Fees

9. Name and Address of Current Registered Agent

GOLDMAN, JOEL K  
 2601 S BAYSHORE DRIVE  
 9TH FLOOR  
 MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name  
 Kristine Ingels  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 2200 Kings Highway 3J  
 83  
 84 City Port Charlotte FL 85 Zip Code 33980

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Kristine Ingels, Registered Agent*

*July 8, 99*  
 DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GOLDIN, AMY H	
STREET ADDRESS	2601 S. BAYSHORE DR.	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	VTD	<input checked="" type="checkbox"/> DELETE
NAME	COOK, PAULA	
STREET ADDRESS	2601 S. BAYSHORE DR.	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	GOLDMAN, JOEL K	
STREET ADDRESS	2601 S. BAYSHORE DR.	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	VAS	<input checked="" type="checkbox"/> DELETE
NAME	JEFFREY, THOMAS W	
STREET ADDRESS	2601 S. BAYSHORE DR.	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Gerry Gilbert	
1.3 STREET ADDRESS	5773 Concord Drive	
1.4 CITY-ST-ZIP		
2.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Gerry Gilbert	
2.3 STREET ADDRESS	5773 Concord Drive	
2.4 CITY-ST-ZIP	North Port FL 34287	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Mike Strayhorn	
3.3 STREET ADDRESS	5773 Concord Drive	
3.4 CITY-ST-ZIP	North Port, FL 34287	
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Dennis Fullenkamp	
4.3 STREET ADDRESS	5773 Concord Drive	
4.4 CITY-ST-ZIP	North Port, FL 34287	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED  
 Date: 7/20/99 Daytime Phone #: 941-423-8804

CR2E037 (5/99)