

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90213 027 ****61.25

DOCUMENT # N94000004709



1. Entity Name
SABAL TRACE MASTER ASSOCIATION, INC.

Principal Place of Business

ARGUS MGT
2477 STICKNEY PT RD
SARASOTA FL 34261
US

Mailing Address

2477 STICKNEY PT RD
SUITE 118A
SARASOTA FL 34261
US



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Manasota Mgmt
Suite, Apt. #, etc.
748 S. Tamiami Tr.

City & State
Osprey FL

Zip
34229

Country

3. Mailing Address

P.O. Box 914

Suite, Apt. #, etc.
Osprey, FL

City & State

Zip
34229

Country

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

O'GRADY, BARBARA
2477 STICKNEY POINT RD
SUITE 118A
SARASOTA FL 34261

7. Name and Address of New Registered Agent

Name: WILLIAM SUTTON
Street Address (P.O. Box Number is Not Acceptable): 748 S. TAMIAMIA TR
City: OSPREY FL Zip Code: 34229

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: *William Sutton* *William Sutton*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-6-03

FILE NOW: FEE IS \$61.25

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

TITLE	PDD	<input type="checkbox"/> Delete
NAME	SHIPPS, PETER	
STREET ADDRESS	13035 TAMIAMIA TR & A1	
CITY-ST-ZIP	NORTH PORT FL 34287	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JOHNSTM, JACK	
STREET ADDRESS	5278 PINEHURST CT	
CITY-ST-ZIP	NORTH PORT FL 34287	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUTLER, PERRY	
STREET ADDRESS	5278 PINEHURST CT	
CITY-ST-ZIP	NORTH PORT FL 34287	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASS, JOHN	
STREET ADDRESS	13035 TAMIAMIA TR + A1	
CITY-ST-ZIP	NORTH PORT, FL 34287	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

SIGNATURE REQUIRED

2-6-03

941-423-5311

CR2E037 (10/02)