


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 31, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90239 008 \*\*\*\*61.25

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<b>DOCUMENT # N00000003397</b>			
1. Entity Name <b>SABAL TRACE HOMEOWNERS ASSOCIATION, INC.</b>			
Principal Place of Business P.O. BOX 781568 SEBASTIAN, FL 32978		Mailing Address P O BOX 781568 SEBASTIAN, FL 32978	
2. Principal Place of Business - No P.O. Box # 5976 20TH ST. BOX 78		3. Mailing Address 5976 20TH ST. BOX 78	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State VERO BEACH, FL		City & State VERO BEACH, FL	
4. FEI Number 04-3652489		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
8. Name and Address of Current Registered Agent  PETITBOIS, JEAN FRANCOIS 1181 7 AVE VERO BEACH, FL 32960		7. Name and Address of New Registered Agent Name <b>JUDSON C. KEEN</b> Street Address (P.O. Box Number is Not Acceptable) <b>5814 22ND ST.</b> City <b>VERO BEACH</b> FL Zip Code <b>32966</b>	
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 <u>Judson C. Keen</u> <b>JUDSON C. KEEN, PRESIDENT</b> <u>4/23/2007</u> <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when retransmitting)</small>		DATE	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P PETITBOIS, JEAN FRANCOIS 1811 7 AVE VERO BEACH, FL 32960 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT JUDSON C. KEEN 5814 22ND ST. VERO BCH FL 32966 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MVTS PETITBOIS, HILDA M 1811 7 AVE VERO BEACH, FL 32960 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY MARILYN ANDERSON 5826 22ND ST. VERO BCH FL 32966 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T PAYNE, RANDY 5831 22 STREET VERO BEACH, FL 32966 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREASURER, VICEPRESIDENT RANDY PAYNE 5831 22ND ST. VERO BCH, FL 32966 <input checked="" 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	DIRECTOR TOM KAUFFMANN 5802 22ND ST. VERO BCH, FL 32966 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR AUBREY SOLDON 217 SE SIMS CIRCLE PT. ST. LUCIE, FL 34984-6502 <input type="checkbox"/> Change <input checked="" 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 empowered.			
SIGNATURE: <u>Judson C. Keen</u> <b>JUDSON C. KEEN</b> <u>4/23/2007</u> (772) 231-8135 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4/23/2007</u> Daytime Phone # <u>(772) 231-8135</u>	