

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003397

FILED  
Apr 29, 2008  
Secretary of State

Entity Name: SABAL TRACE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5976 20TH ST BOX 78  
VERO BEACH, FL 32966

**New Principal Place of Business:**

**Current Mailing Address:**

5976 20TH ST BOX 78  
VERO BEACH, FL 32966

**New Mailing Address:**

FEI Number: 04-3652489      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KEEN, JUDSON C  
5814 22ND ST  
VERO BEACH, FL 32966      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: KEEN, JUDSON C  
Address: 5814 22ND ST  
City-St-Zip: VERO BEACH, FL 32966

Title: S      ( ) Delete  
Name: ANDERSON, MARILYN  
Address: 5826 22ND ST  
City-St-Zip: VERO BEACH, FL 32966

Title: VT      ( ) Delete  
Name: PAYNE, RANDY  
Address: 5831 22 STREET  
City-St-Zip: VERO BEACH, FL 32966

Title: D      ( ) Delete  
Name: KAUFFMANN, TOM  
Address: 5802 22ND ST  
City-St-Zip: VERO BEACH, FL 32966

Title: D      ( ) Delete  
Name: SOLOMON, AUBREY  
Address: 217 SE SIMS CIRCLE  
City-St-Zip: PORT SAINT LUCIE, FL 349846502

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JUDSON C. KEEN

P

04/29/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date