

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003397

FILED
Apr 18, 2009
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 (X) 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

04/18/2009

Electronic Signature of Signing Officer or Director

_____ Date