


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2007 8:00 am
Secretary of State

03-09-2007 90005 024 ****61.25

DOCUMENT # N02000008754					
1. Entity Name SABAL TRACE SINGLE-FAMILY PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 23081 HARBORVIEW RD. 2ND FLOOR PORT CHARLOTTE, FL 33980			Mailing Address PO BOX 380758 MURDOCK, FL 33938		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-1151452	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WISHARD, KRISTINE 23081 HARBORVIEW RD 2ND FLOOR PORT CHARLOTTE, FL 33980			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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 D NAME YATES, LARRY STREET ADDRESS P.O. BOX 380758 CITY-ST-ZIP MURDOCK, FL 33938	<input type="checkbox"/> Delete		TITLE VPD NAME Yates, Larry STREET ADDRESS 5425 Sabal Trace Drive CITY-ST-ZIP North Port, FL 34287	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME MILLER, KENNETH STREET ADDRESS P.O. BOX 380758 CITY-ST-ZIP MURDOCK, FL 33938	<input checked="" type="checkbox"/> Delete		TITLE SD NAME McCloud, Kenneth STREET ADDRESS 5748 Medinah Court CITY-ST-ZIP North Port, FL 34287	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE PD NAME GAISER, RICHARD STREET ADDRESS P.O. BOX 380758 CITY-ST-ZIP MURDOCK, FL 33938	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME YORK, PAM STREET ADDRESS P.O. BOX 380758 CITY-ST-ZIP MURDOCK, FL 33938	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPD NAME BEVERLY, CLIFF STREET ADDRESS P.O. BOX 380758 CITY-ST-ZIP MURDOCK, FL 33938	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE D NAME Sharp, Toby STREET ADDRESS 5364 Oakmont Court CITY-ST-ZIP North Port, FL 34287	<input type="checkbox"/> Change <input checked="" 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 <i>Richard Gaiser</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <i>3/1/07</i> Daytime Phone #		