


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 07, 2006 8:00 am
Secretary of State

04-25-2006 90103 023 ****61.25

DOCUMENT # N04000010401					
1. Entity Name VILLAS OF SABAL TRACE PHASE II ASSOCIATION, INC.					
Principal Place of Business 551 N CATTLEMEN RD SUITE 202 SARASOTA, FL 34232		Mailing Address 551 N CATTLEMEN RD SUITE 202 SARASOTA, FL 34232		66022766	
2. Principal Place of Business 899 Woodbridge Dr. Suite, Apt. #, etc.		3. Mailing Address 899 Woodbridge Dr. Suite, Apt. #, etc.			
City & State Venice, FL		City & State Venice, FL		4. FEI Number -APPLIED FOR 54-2164628 Applied For Not Applicable	
Zip 34293 Country US		Zip 34293 Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHLOTTHAUER, WILLIAM G 200 S ORANGE AVE SARASOTA, FL 34236			7. Name and Address of New Registered Agent Name Jessica Douglas Street Address (P.O. Box Number is Not Acceptable) c/o Advanced Management 899 Woodbridge Dr. City Venice FL Zip Code 34293		
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>Jessica Douglas - Jessica Douglas, Agent</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by September 6, 2006		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	PD KIRSCHNER, TERRY 551 N CATTLEMEN RD SUITE 202 SARASOTA, FL 34232 <input 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	VD ALLEGRA, ROBERT T 551 N CATTLEMEN RD SUITE 202 SARASOTA, FL 34232 <input 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	TD STOKES, KENNETH 551 N CATTLEMEN RD SUITE 202 SARASOTA, FL 34232 <input 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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>Terry Kirschner</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 8-1-06		Daytime Phone # (941) 379-4911	

ATTACHMENT

66022766

Patty Hurst

From: corphelp [corphelp@dos.state.fl.us]
Sent: Friday, July 07, 2006 10:40 AM
To: Patty Hurst
Subject: RE: Villas of Sabal Trace Phase II Association - N04000010401

We did receive your annual report and it was returned to you for corrections. See a copy of the letter below:

May 2, 2006

VILLAS OF SABAL TRACE PHASE II ASSOCIATION, INC.
899 WOODBRIDGE DR
VENICE, FL 34293

SUBJECT: VILLAS OF SABAL TRACE PHASE II ASSOCIATION, INC.
Ref. Number: N04000010401

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report has not been filed and a copy is being returned for the following correction(s):

Because our records reflect the above referenced entity previously applied for its Federal Employer Identification (FEI) Number, it must now include its FEI number on the annual report/uniform business report or attach a photocopy of the FEI number application to the document before we can complete your filing.

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6056 and press 4. Your call will be answered in the order it is received.

ANNUAL REPORTS SECTION

Letter number: 306A00031249

/vrh

07/10/2006

ATTACHMENT

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida
32314

66022766

*Thank You
Cathy
Internet Access*

From: Patty Hurst [mailto:phurst@amiwra.com]
Sent: Thursday, July 06, 2006 12:39 PM
To: corphelp
Subject: Villas of Sabal Trace Phase II Association - N04000010401

In April we sent in the Annual Report (Document #N04000010401) for Villas of Sabal Trace Phase II Association, Inc. with a check in the amount of \$61.25 (check #1002). The check was cashed by the Department of State on May 2, 2006.

We have received a Notice of Intent to Dissolve on July 3, 2006.

Please advise what we need to do to get this matter straightened out.

Thank you for your help.

Patricia Hurst
Bookkeeper for the Association
Advanced Management, Inc.

Phone: 941-493-0287
Fax: 941-441-1716