


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90065 043 ****61.25

DOCUMENT # N04000010401							
1. Entity Name VILLAS OF SABAL TRACE PHASE II ASSOCIATION, INC.							
Principal Place of Business 899 WOODBRIDGE DR VENICE, FL 34293		Mailing Address 899 WOODBRIDGE DR VENICE, FL 34293					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 02222007 Chg-NP CR2E037 (12/06) 54-2164628			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable			
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				
DOUGLAS, JESSICA C/O ADVANCED MANAGEMENT 899 WOODBRIDGE DR VENICE, FL 34293			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 _____ (NOTE: Registered Agent signature required when reinstating) 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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	KIRSCHNER, TERRY		NAME				
STREET ADDRESS	551 N CATTLEMEN RD SUITE 202		STREET ADDRESS				
CITY-ST-ZIP	SARASOTA, FL 34232		CITY-ST-ZIP				
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	ALLEGRA, ROBERT T		NAME				
STREET ADDRESS	551 N CATTLEMEN RD SUITE 202		STREET ADDRESS				
CITY-ST-ZIP	SARASOTA, FL 34232		CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	STOKES, KENNETH		NAME				
STREET ADDRESS	551 N CATTLEMEN RD SUITE 202		STREET ADDRESS				
CITY-ST-ZIP	SARASOTA, FL 34232		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
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>Kenneth Stokes</u>			Date: <u>3/14/07</u>		Daytime Phone #: <u>941-377-1222</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							