

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Jul 17, 2008
Secretary of State**

DOCUMENT# N04000010401

Entity Name: VILLAS OF SABAL TRACE PHASE II ASSOCIATION, INC.

Current Principal Place of Business:

899 WOODRBRIDGE DR
VENICE, FL 34293

New Principal Place of Business:

Current Mailing Address:

899 WOODRBRIDGE DR
VENICE, FL 34293

New Mailing Address:

FEI Number: 54-2164628 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LAFOUNTAIN, ERIN
C/O ADVANCED MANAGEMENT
899 WOODRBRIDGE DR
VENICE, FL 34293 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: PD () Delete
Name: DOORES, STEVE
Address: 551 N. CATTLEMEN RD SUITE 202
City-St-Zip: SARASOTA, FL 34232

Title: VD () Delete
Name: HEIDORN, BOB
Address: 551 N CATTLEMEN RD STE 202
City-St-Zip: SARASOTA, FL 34232

Title: ST () Delete
Name: WHIFFEN, BILL
Address: 551 N. CATTLEMEN RD STE 202
City-St-Zip: SARASOTA, FL 34232

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BURDETT, ANTHONY J
Address: 551 N. CATTLEMEN RD SUITE 202
City-St-Zip: SARASOTA, FL 34232

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: ANTHONY J. BURDETT

PD

07/17/2008

Electronic Signature of Signing Officer or Director

_____ Date