

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010401

FILED
Apr 23, 2009
Secretary of State

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

Current Principal Place of Business:

899 WOODBRIDGE DR
VENICE, FL 34293

New Principal Place of Business:

Current Mailing Address:

899 WOODBRIDGE 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 WOODBRIDGE DR
VENICE, FL 34293 US

Name and Address of New Registered Agent:

ADVANCED MANAGEMENT OF SW FLA
899 WOODBRIDGE DR
VENICE, FL 34293 US

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: DOUGLAS E. WILSON 04/23/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BURDETT, ANTHONY J
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

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CABLE, JOHN
Address: 899 WOODBRIDGE DR
City-St-Zip: VENICE, FL 34293

Title: VD (X) Change () Addition
Name: VALERINO, DON
Address: 899 WOODBRIDGE DR
City-St-Zip: VENICE, FL 34293

Title: TD (X) Change () Addition
Name: PENNYBACKER, BRYAN
Address: 899 WOODBRIDGE DR
City-St-Zip: VENICE, FL 34293

Title: SD () Change (X) Addition
Name: SICIGNANO, JOSEPH
Address: 899 WOODBRIDGE DR
City-St-Zip: VENICE, FL 34293

Title: D () Change (X) Addition
Name: COX, BONNIE
Address: 899 WOODBRIDGE DR
City-St-Zip: VENICE, FL 34293

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: BRYAN PENNYBACKER TD 04/23/2009
Electronic Signature of Signing Officer or Director Date