

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000003397

**FILED  
Apr 03, 2016  
Secretary of State  
CC5061285054**

**Entity Name:** SABAL TRACE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

SABAL TRACE HOMEOWNERS ASSOCIATION, INC.  
5844 22ND STREET  
VERO BEACH, FL 32966

**Current Mailing Address:**

SABAL TRACE HOMEOWNERS ASSOCIATION, INC.  
P.O. BOX 4283  
TEQUESTA, FLORIDA 33469 UN

**FEI Number: 04-3652489**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ROBERTO, MARTIN  
5844 22ND STREET  
VERO BEACH, FL 32966 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name MARTIN, ROBERTO  
Address 5844 22ND STREET  
City-State-Zip: VERO BEACH FL 32966

Title S/T  
Name ANDERSON, MARILYN D  
Address 4000 1ST LANE  
City-State-Zip: VERO BEACH FL 32968

Title D  
Name KAUFFMANN, TOM  
Address 5802 22ND STREET  
City-State-Zip: VERO BEACH FL 32966

*I hereby 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 all other like empowered.*

**SIGNATURE: MARILYN D. ANDERSON**

**SECRETARY/TREASURER 04/03/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date