

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003397

Entity Name: SABAL TRACE HOMEOWNERS ASSOCIATION, INC.

FILED
Jun 25, 2020
Secretary of State
8288743585CC

Current Principal Place of Business:

C/O WATSON ASSOCIATION MANAGEMENT
430 NW LAKE WHITNEY PL
PORT ST. LUCIE, FL 34986

Current Mailing Address:

C/O WATSON ASSOCIATION MANAGEMENT
430 NW LAKE WHITNEY PLACE
PORT ST LUCIE, FL 34986 US

FEI Number: 04-3652489

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WATSON ASSOCIATION MANAGEMENT
C/O WATSON ASSOCIATION MANAGEMENT
430 NW LAKE WHITNEY PLACE
PORT ST LUCIE, FL 34986 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: KIMBERLY SNYDER

06/25/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name ZORC, JODI
Address C/O WATSON ASSOCIATION
 MANAGEMENT
 430 NW LAKE WHITNEY PLACE
City-State-Zip: PORT ST LUCIE FL 34986

Title SECRETARY
Name DELEON, MICHAEL
Address C/O WATSON ASSOCIATION
 MANAGEMENT
 430 NW LAKE WHITNEY PLACE
City-State-Zip: PORT ST LUCIE FL 34986

Title DIRECTOR
Name GONZALEZ, ANDREW
Address C/O WATSON ASSOCIATION
 MANAGEMENT
 430 NW LAKE WHITNEY PLACE
City-State-Zip: PORT ST LUCIE FL 34986

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: MICHAEL DELEON

PRESIDENT

06/25/2020

Electronic Signature of Signing Officer/Director Detail

Date