

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000003397

**FILED**  
**Mar 13, 2013**  
**Secretary of State**  
**CC6593527741**

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

**Current Principal Place of Business:**

C/O SOUNDVIEW PROPERTY MGT.  
2095 INDIAN RIVER BLVD  
VERO BEACH, FL 32960

**Current Mailing Address:**

C/O SOUNDVIEW PROPERTY MGT.  
2095 INDIAN RIVER BLVD  
VERO BEACH, FL 32960

**FEI Number:** 04-3652489

**Certificate of Status Desired:** No

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

SOUNDVIEW PROPERTY MANAGEMENT  
C/O SOUNDVIEW PROPERTY MGT.  
2095 INDIAN RIVER BLVD  
VERO BEACH, FL 32960 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:** ROBERTO MARTIN

03/13/2013

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name MARTIN, ROBERTO  
Address 2095 INDIAN RIVER BLVD  
City-State-Zip: VERO BEACH FL 32960

Title T  
Name MAPALO, ONNIE  
Address 2095 INDIAN RIVER BLVD  
City-State-Zip: VERO BEACH FL 32960

Title S  
Name ANDERSON, MARILYN D  
Address 2095 INDIAN RIVER BLVD  
City-State-Zip: VERO BEACH FL 32960

Title D  
Name KAUFFMANN, TOM  
Address 2095 INDIAN RIVER BLVD  
City-State-Zip: VERO BEACH FL 32960

Title D  
Name LAURIE, ALFRED  
Address 2095 INDIAN RIVER BLVD.  
City-State-Zip: VERO BEACH FL 32960

*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:** ROBERTO MARTIN

**PRESIDENT**

03/13/2013

Electronic Signature of Signing Officer/Director Detail

Date