

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008754

Entity Name: SABAL TRACE SINGLE-FAMILY PROPERTY OWNERS' ASSOCIATION, INC.**FILED**
Apr 03, 2024
Secretary of State
1558377601CC**Current Principal Place of Business:**C/O SW GATEWAY, INC
1532 RIO DE JANEIRO AVE
PUNTA GORDA, FL 33983**Current Mailing Address:**P.O. BOX 495840
PORT CHARLOTTE, FL 33949 US**FEI Number: 20-1151452****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SW GATEWAY, INC
1532 RIO DE JANEIRO AVE
PUNTA GORDA, FL 33983 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: KRISTINE WISHARD****04/03/2024**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	VP
Name	SEMMER, LINDA
Address	P.O. BOX 495840
City-State-Zip:	PORT CHARLOTTE FL 33949

Title	PRESIDENT
Name	ANDERSON, TERRY
Address	P.O. BOX 495840
City-State-Zip:	PORT CHARLOTTE FL 33949

Title	DIRECTOR
Name	FOXHALL, ALDEN
Address	P.O. BOX 495840
City-State-Zip:	PORT CHARLOTTE FL 33949

Title	TREASURER
Name	GARDNER, JOHN
Address	P.O. BOX 495840
City-State-Zip:	PORT CHARLOTTE FL 33949

Title	MANAGER
Name	WISHARD, KRISTINE
Address	P.O. BOX 495840
City-State-Zip:	PORT CHARLOTTE FL 33949

Title	DIRECTOR
Name	FALZONE, THOMAS
Address	PO BOX 495840
City-State-Zip:	PORT CHARLOTTE FL 33949

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: KRISTINE WISHARD**MANAGER****04/03/2024**

Electronic Signature of Signing Officer/Director Detail

Date