

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008754

Entity Name: SABAL TRACE SINGLE-FAMILY PROPERTY OWNERS' ASSOCIATION, INC.**FILED**
Apr 07, 2021
Secretary of State
7175945160CC**Current Principal Place of Business:**C/O SW GATEWAY, INC
1532 RIO DE JANEIRO
PUNTA GORDA, FL 33983**Current Mailing Address:**PO BOX 380758
MURDOCK, FL 33938**FEI Number: 20-1151452****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SW GATEWAY, INC
1532 RIO DE JANEIRO
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****04/07/2021**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name GAISER, RICHARD
Address PO BOX 380758
City-State-Zip: MURDOCK FL 33938

Title VP
Name SEMMLER, LINDA
Address P.O. BOX 380758
City-State-Zip: MURDOCK FL 33938

Title TREASURER
Name ANDERSON, TERRY
Address PO BOX 380758
City-State-Zip: MURDOCK FL 33938

Title SECRETARY
Name WALKER, DEBORAH
Address PO BOX 380758
City-State-Zip: MURDOCK FL 33938

Title DIRECTOR
Name GROSSO, PAUL
Address PO BOX 380758
City-State-Zip: MURDOCK FL 33938

Title MANAGER
Name WISHARD, KRISTINE
Address PO BOX 380758
City-State-Zip: MURDOCK FL 33938

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****04/07/2021**

Electronic Signature of Signing Officer/Director Detail

Date