

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000010401

**Entity Name:** VILLAS OF SABAL TRACE PHASE II ASSOCIATION, INC.

**Current Principal Place of Business:**

899 WOODBRIDGE DR  
VENICE, FL 34293

**Current Mailing Address:**

899 WOODBRIDGE DR  
VENICE, FL 34293 US

**FEI Number:** 54-2164628

**Certificate of Status Desired:** No

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

ADVANCED MANAGEMENT OF SW FL INC  
9031 TOWN CENTER PKWY  
899 WOODBRIDGE DR  
BRADENTON, FL 34293 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:** MATHEW D WILSON

03/20/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MITCHELL, GENE  
Address        899 WOODBRIDGE DR  
City-State-Zip: VENICE FL 34293

Title            TREASURER  
Name            NAYLOR, DENNIS  
Address        899 WOODBRIDGE DR  
City-State-Zip: VENICE FL 34293

Title            VP  
Name            WININGS, RANDY  
Address        899 WOODBRIDGE DR  
City-State-Zip: VENICE FL 34293

Title            SECRETARY  
Name            GREGORY, JOHN  
Address        899 WOODBRIDGE DR  
City-State-Zip: VENICE FL 34293

Title            DIRECTOR  
Name            SMITH, ROY  
Address        899 WOODBRIDGE DR  
City-State-Zip: VENICE FL 34293

Title            ASST. SECRETARY  
Name            WILSON, MATHEW D  
Address        C/O ADVANCED MANAGEMENT, INC.  
                  9031 TOWN CENTER PRKWY  
City-State-Zip: BRADENTON FL 34202

*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:** MATHEW D WILSON

ASST SECRETARY

03/20/2024

Electronic Signature of Signing Officer/Director Detail

Date