

**2014 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 WOODRBRIDGE DR  
VENICE, FL 34293

**Current Mailing Address:**

899 WOODRBRIDGE DR  
VENICE, FL 34293

**FEI Number: 54-2164628**

**Certificate of Status Desired: No**

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

ADVANCED MANAGEMENT OF SW FLA  
899 WOODBRIDGE DR  
VENICE, 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

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

Title VPD  
Name MCGUIRE, ROBERT  
Address 899 WOODBRIDGE DR  
City-State-Zip: VENICE FL 34293

Title TD  
Name PENNYBACKER, BRYAN  
Address 899 WOODBRIDGE DR  
City-State-Zip: VENICE FL 34293

Title SD  
Name SANTELLA, RICHARD  
Address 899 WOODBRIDGE DR  
City-State-Zip: VENICE FL 34293

Title PD  
Name RUTKOWSKI, JEFF  
Address 899 WOODBRIDGE DR  
City-State-Zip: VENICE FL 34293

*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: JEFF RUTKOWSKI**

**PRESIDENT**

**03/19/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date