


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90369 029 \*\*\*\*61.25

**DOCUMENT # N00000002447**

1. Entity Name  
**VILLAS OF SABAL TRACE ASSOCIATION, INC.**



Principal Place of Business  
 23081 HARBORVIEW  
 2ND FLOOR  
 CHARLOTTE HARBOR, FL 33980

Mailing Address  
 PO BOX 380758  
 MURDOCK, FL 33938

14004366



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02172004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-3674763**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WISHARD, KRISTINE 23081 HARBORVIEW CHARLOTTE HARBOR, FL 33980		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MOMINEY, RAY W			NAME	DeHaven, Barbara		
STREET ADDRESS	4353 FAIRWAY DR			STREET ADDRESS	PO Box 380758		
CITY-ST-ZIP	NORTH PORT, FL 34287			CITY-ST-ZIP	Murdock, Fl. 33938		
TITLE	VPD	<input checked="" type="checkbox"/> Delete		TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BLUCHER, JAMES F			NAME	Morris, John		
STREET ADDRESS	4217 FAIRWAY DR			STREET ADDRESS	PO Box 380758		
CITY-ST-ZIP	NORTH PORT, FL 34287			CITY-ST-ZIP	Murdock, Fl. 33938		
TITLE	STD	<input type="checkbox"/> Delete		TITLE	S/T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BERGMAN, KENNETH			NAME	Allen, Diane		
STREET ADDRESS	4420 FAIRWAY DR			STREET ADDRESS	PO Box 380758		
CITY-ST-ZIP	NORTH PORT, FL 34287			CITY-ST-ZIP	Murdock, Fl. 33938		
TITLE		<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				NAME	Kahn, Orren		
STREET ADDRESS				STREET ADDRESS	PO Box 380758		
CITY-ST-ZIP				CITY-ST-ZIP	Murdock, Fl. 33938		
TITLE		<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				NAME	Esposito, Vincent		
STREET ADDRESS				STREET ADDRESS	PO Box 380758		
CITY-ST-ZIP				CITY-ST-ZIP	Murdock, Fl. 33938		
TITLE		<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME	Bergman, Kenneth		
STREET ADDRESS				STREET ADDRESS	PO Box 380758		
CITY-ST-ZIP				CITY-ST-ZIP	Murdock, Fl. 33938		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Diane L. Allen 4-14-04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #