2006 NOT-FOR-PROEIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000002447



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05-03-2006 90195 030 ****61.25

VILLÁS 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										
2. Principal P	lace of Business	3. Mailir	ng Address							
Suite, Apt. #, etc.		Suite	Suite, Apt. #, etc.			01092006	Chg-NP	CR2E03	37 (11/05)	
City & State		City	City & State		4. FEI Number 59-3674				oplied For	
Zip	Country	Zíp		Cou	ntry	5. Certificate of	of Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Curr	rent Registered	Agent			7. Name and	Address of New F	Registered /	Agent	
MISHADD	, KRISTINE				Name					
23081 HAF	RBORVIEW TE HARBOR, FL 33980				Street Address	s (P.O. Box Number	r is Not Acceptable	8)		
					City			FL	Zip Cod	e
	named entity submits this stateme	ent for the purpa	se of changing its	registere	ed office or regist	tered agent, or both	n, in the State of Flo		familiar with,	and accept
-										
SIGNATURE .	Signature, typed or printed name of registered	agent and title it applie	cable. (NOTE	Registered	1 Agent signature requi	ired when (sinstating)	· · · = · · · · ·	DATE		
Filling Fee is \$61.25 Due by May 1, 2006 9. Election Campaign F Trust Fund Contributi										
	_				· -	\$5.00 May Be Added to Fees			c payable t tment of S	
10.	_	DIRECTORS			on.	Added to Fees		rida Depar	tment of S	tate
10.	Due by May 1, 2006	D DIRECTORS		Contributi	on.	Added to Fees	Flor	rida Depar	tment of S	tate
TITLE NAME	OFFICERS AND TD DOOLEY, JIM	D DIRECTORS	Trust Fund C	11.	οn.	Added to Fees ADDITIONS/CHA	Flor	rida Depar	tment of S	tate V 10
TITLE NAME STREET ADDRESS	OFFICERS AND TD DOOLEY, JIM PO BOX 380758	DIRECTORS	Trust Fund C	11. TITLE NAME STREET	E POU	Added to Fees ADDITIONS/CHA IFFIER Jack Box 3807	NGES TO OFFICE	rida Depar	tment of S	tate V 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2006 OFFICERS AND TD DOOLEY, JIM PO BOX 380758 MURDOCK, FL 33938	DIRECTORS	Trust Fund C	11. TITLE NAME STREE	on. P Four Prou	Added to Fees ADDITIONS/CHA	NGES TO OFFICE	rida Depar	TIMENT OF S RECTORS IN Change	tate 7 10 Addition
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indicated on this report or supplied was initial descriptions of the care ligated in 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #