

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90195 030 \*\*\*\*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

**40080445**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
**59-3674763**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

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 TD  Delete  
 NAME DOOLEY, JIM  
 STREET ADDRESS PO BOX 380758  
 CITY-ST-ZIP MURDOCK, FL 33938

TITLE P  Change  Addition  
 NAME Fournier, Jack  
 STREET ADDRESS P.O. Box 380758  
 CITY-ST-ZIP Murdock, FL 33938

TITLE VPD  Delete  
 NAME FAURNIER, JACK  
 STREET ADDRESS P O BOX 380758  
 CITY-ST-ZIP MURDOCK, FL 33938

TITLE D  Change  Addition  
 NAME Zoovas, Mike  
 STREET ADDRESS P.O. Box 380758  
 CITY-ST-ZIP Murdock, FL 33938

TITLE D  Delete  
 NAME BERGMAN, KENNETH  
 STREET ADDRESS PO BOX 380758  
 CITY-ST-ZIP MURDOCK, FL 33938

TITLE VP  Change  Addition  
 NAME Denback, Robert  
 STREET ADDRESS P.O. Box 380758  
 CITY-ST-ZIP Murdock FL 33938

TITLE SD  Delete  
 NAME ALLEN, DIANE  
 STREET ADDRESS PO BOX 380758  
 CITY-ST-ZIP MURDOCK, FL 33938

TITLE S  Change  Addition  
 NAME Mumper, Pat  
 STREET ADDRESS P.O. Box 380758  
 CITY-ST-ZIP Murdock, FL 33938

TITLE PD  Delete  
 NAME KAHNT, ORREN  
 STREET ADDRESS PO BOX 380758  
 CITY-ST-ZIP MURDOCK, FL 33938

TITLE T  Change  Addition  
 NAME Blucher, Jim  
 STREET ADDRESS P.O. Box 380758  
 CITY-ST-ZIP Murdock FL 33938

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D  Change  Addition  
 NAME Mehring, Chet  
 STREET ADDRESS P.O. Box 380758  
 CITY-ST-ZIP Murdock FL 33938

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*James F. Blucher* **JAMES F. BLUCHER** 4/4/06 941 493-5601