2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002447

Entity Name: VILLAS OF SABAL TRACE ASSOCIATION, INC.

FILED Apr 20, 2008 Secretary of State

cipal Place of Business:

23081 HARBORVIEW 2ND FLOOR

Current Mailing Address:

1532 RIO DE JANEIRO AVE PUNTA GORDA, FL 33983

CHARLOTTE HARBOR, FL 33980

New Mailing Address:

PO BOX 380758 MURDOCK, FL 33938

FEI Number: 59-3674763 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

WISHARD, KRISTINE

WISHARD, KRISTINE 1532 RIO DE JANEIRO AVENUE

23081 HARBORVIEW CHARLOTTE HARBOR, FL 33980 US PUNTA GORDA, FL 33983

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: 04/20/2008

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete FOURNIER, JACK ZOOVAS, MICHAEL Name: Name:

PO BOX 380758 Address: PO BOX 380758 Address: City-St-Zip: MURDOCK, FL 33938 City-St-Zip: MURDOCK, FL 33938

Title: () Delete Title: (X) Change () Addition FAURNIER, JACK Name: MEHRING, CHET Name:

Address: P O BOX 380758 Address: P O BOX 380758 City-St-Zip: MURDOCK, FL 33938 City-St-Zip: MURDOCK, FL 33938

Title: () Delete Title: () Change () Addition

DENBACK, ROBERT Name: Name: PO BOX 380758 Address: Address: City-St-Zip: MURDOCK, FL 33938 City-St-Zip:

Title: () Delete Title: () Change () Addition

MUMPER, PAT Name: Name: PO BOX 380758 Address: Address: City-St-Zip: MURDOCK, FL 33938 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

KAHNT, ORREN GESTIEHR, DONALD Name: Name: PO BOX 380758 PO BOX 380758 Address: Address: MURDOCK, FL 33938 City-St-Zip: City-St-Zip: MURDOCK, FL 33938

Title: () Delete Title: (X) Change () Addition

BLUCHER, JIM MORRIS, JOHN Name: Name: Address: PO BOX 380758 Address: PO BOX 380758 MURDOCK, FL 33938 MURDOCK, FL 33938 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MIKE ZOOVAS PD 04/20/2008