

**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N0000002447
 1. Entity Name
VILLAS OF SABAL TRACE ASSOCIATION, INC.



80047065

Principal Place of Business Mailing Address
 1100 COMMERCIAL BOULEVARD #118 1100 COMMERCIAL BOULEVARD #118
 NAPLES, FL 34104 NAPLES, FL 34104

2. Principal Place of Business 3. Mailing Address
23081 Harborview Rd **P O Box 380758**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
2nd Floor

City & State City & State
Charlotte Harbor, FL **Murdock, FL**
 Zip Country Zip Country
33980 **USA** **33938** **USA**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
JEPPESEN, MICHAEL W
1100 COMMERCIAL BOULEVARD #118
NAPLES, FL 34104

4. FEI Number Applied For
59-3674763 Not Applicable

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

7. Name and Address of New Registered Agent
 Name **Kristine Wishard**
 Street Address (P.O. Box Number is Not Acceptable)
23081 Harborview Road
 City **Charlotte Harbor** FL Zip Code **33980**

B. 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 *Kristine Wishard* 2/18/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD WRIGHT, ANTHONY J 1100 COMMERCIAL BOULEVARD #118 NAPLES, FL 34104 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ARNOLD, DON 1100 COMMERCIAL BOULEVARD #118 NAPLES, FL 34104 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JEPPESEN, MIKE 1100 COMMERCIAL BOULEVARD #118 NAPLES, FL 34104 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Moinney, Ray W. 4353 Fairway Drive North Port, FL 34287 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Blucher, James F. 4217 Fairway Drive North Port, FL 34287 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Bergman, Kenneth 4420 Fairway Drive North Port, FL 34287 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an other like empowered.

SIGNATURE: *Ray Moinney*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR