

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90025 030 \*\*\*\*61.25

<b>DOCUMENT # N04000010401</b> 1. Entity Name <b>VILLAS OF SABAL TRACE PHASE II ASSOCIATION, INC.</b>					
Principal Place of Business <b>899 WOODBRIDGE DR VENICE, FL 34293</b>			Mailing Address <b>899 WOODBRIDGE DR VENICE, FL 34293</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>54-2164628</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>DOUGLAS, JESSICA C/O ADVANCED MANAGEMENT 899 WOODBRIDGE DR VENICE, FL 34293</b>				7. Name and Address of New Registered Agent Name <b>ERIN LA FOUNTAIN</b> Street Address (P.O. Box Number is Not Acceptable) <b>C/O ADVANCED MANAGEMENT</b> <b>899 WOODBRIDGE DR</b> City <b>VENICE</b> FL      Zip Code <b>34293</b>	
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 <span style="float: right;">DATE _____</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>KIRSCHNER, TERRY</b> <input checked="" type="checkbox"/> Delete <b>551 N CATTLEMEN RD SUITE 202</b> <b>SARASOTA, FL 34232</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>STEVE DOORES</b> <b>551 N. CATTLEMEN RD SUITE 202</b> <b>SARASOTA, FL 34232</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Delete <b>ALLEGRA, ROBERT T</b> <b>551 N CATTLEMEN RD SUITE 202</b> <b>SARASOTA, FL 34232</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>BOB HEIDORN</b> <b>551 N CATTLEMEN RD STE 202</b> <b>SARASOTA, FL 34232</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Delete <b>STOKES, KENNETH</b> <b>551 N CATTLEMEN RD SUITE 202</b> <b>SARASOTA, FL 34232</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC/TREASURY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>BILL WHIFEN</b> <b>551 N. CATTLEMEN RD STE 202</b> <b>SARASOTA, FL 34232</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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 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 life empowered.					
SIGNATURE: <b>Erin LaFountain</b> <b>2/14/08</b> <b>403-0287</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					