

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010401

FILED  
Apr 23, 2009  
Secretary of State

Entity Name: VILLAS OF SABAL TRACE PHASE II ASSOCIATION, INC.

## Current Principal Place of Business:

899 WOODBRIDGE DR  
VENICE, FL 34293

## New Principal Place of Business:

## Current Mailing Address:

899 WOODBRIDGE DR  
VENICE, FL 34293

## New Mailing Address:

FEI Number: 54-2164628

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LAFOUNTAIN, ERIN  
C/O ADVANCED MANAGEMENT  
899 WOODBRIDGE DR  
VENICE, FL 34293 US

## Name and Address of New Registered Agent:

ADVANCED MANAGEMENT OF SW FLA  
899 WOODBRIDGE DR  
VENICE, FL 34293 US

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: DOUGLAS E. WILSON

04/23/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BURDETT, ANTHONY J  
Address: 551 N. CATTLEMEN RD SUITE 202  
City-St-Zip: SARASOTA, FL 34232

Title: VD ( ) Delete  
Name: HEIDORN, BOB  
Address: 551 N CATTLEMEN RD STE 202  
City-St-Zip: SARASOTA, FL 34232

Title: ST ( ) Delete  
Name: WHIFFEN, BILL  
Address: 551 N. CATTLEMEN RD STE 202  
City-St-Zip: SARASOTA, FL 34232

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: CABLE, JOHN  
Address: 899 WOODBRIDGE DR  
City-St-Zip: VENICE, FL 34293

Title: VD (X) Change ( ) Addition  
Name: VALERINO, DON  
Address: 899 WOODBRIDGE DR  
City-St-Zip: VENICE, FL 34293

Title: TD (X) Change ( ) Addition  
Name: PENNYBACKER, BRYAN  
Address: 899 WOODBRIDGE DR  
City-St-Zip: VENICE, FL 34293

Title: SD ( ) Change (X) Addition  
Name: SICIGNANO, JOSEPH  
Address: 899 WOODBRIDGE DR  
City-St-Zip: VENICE, FL 34293

Title: D ( ) Change (X) Addition  
Name: COX, BONNIE  
Address: 899 WOODBRIDGE DR  
City-St-Zip: VENICE, FL 34293

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: BRYAN PENNYBACKER

TD

04/23/2009

Electronic Signature of Signing Officer or Director

Date