2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2006
Secretary of State

DOCUMENT# N05000003178

Entity Name: SABAL TRACE HOME OWNERS ALLIANCE, INC.

Current Principal Place of Business:

5041 RICHMOND TERRACE
NORTH PORT, FL 34287

New Principal Place of Business:

Current Mailing Address:

5041 RICHMOND TERRACE
NORTH PORT, FL 34287

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

TURFFS, ROBERT E
1444 FIRST STREET
SUITE B
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FOURNIER, JOHN H
Address: 4489 FAIRWAY DRIVE
City-St-Zip: NORTH PORT, FL 34287

Title: VP ( ) Delete
Name: GLASS, JIM
Address: 5041 RICHMOND TERRACE
City-St-Zip: NORTH PORT, FL 34287

Title: S ( ) Delete
Name: CRISTIFORI, CHARLINE
Address: 5006 GREENWAY DRIVE
City-St-Zip: NORTH PORT, FL 34287

Title: D ( ) Delete
Name: GEORGIA, WILLIAM D
Address: 5800 SABAL TRACE DRIVE
City-St-Zip: NORTH PORT, FL 34287

Title: D ( ) Delete
Name: BLUCHER, JAMES
Address: 4217 FAIRWAY DRIVE
City-St-Zip: NORTH PORT, FL 34287

Title: D ( ) Delete
Name: MEONI, RON
Address: 5028 GREENWAY COURT
City-St-Zip: NORTH PORT, FL 34287

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES BLUCHER D 08/08/2006
Electronic Signature of Signing Officer or Director — Date