2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State
04-09-2007 90094 043 ****61.25

DOCUMENT # N05000003178

1. Entity Name
SABAL TRACE HOME OWNERS ALLIANCE, INC.

40055058

Principal Place of Business	Mailing Address
5041 RICHMOND TERRACE NORTH PORT, FL 34287	5041 RICHMOND TERRACE NORTH PORT, FL 34287

04062007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name GLASS, JAMES
Street Address (P.O. Box Number is Not Acceptable) 5041 RICHMOND TERRACE
City NORTH PORT **FL** Zip Code 34287

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 James H Glass Pres. JAMES H. GLASS 4-6-07
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FOURNIER, JOHN H 4489 FAIRWAY DRIVE NORTH PORT, FL 34287	☒ Delete	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GLASS, JIM 5041 RICHMOND TERRACE NORTH PORT, FL 34287	☐ Delete	P, GLASS JIM 5041 RICHMOND TER. NORTH PORT, FL. 34287	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CRISTIFORI, CHARLINE 5006 GREENWAY DRIVE NORTH PORT, FL 34287	☐ Delete	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GEORGIA, WILLIAM D 5800 SABAL TRACE DRIVE NORTH PORT, FL 34287	☐ Delete	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLUCHER, JAMES 4217 FAIRWAY DRIVE NORTH PORT, FL 34287	☒ Delete	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MEONI, RON 5028 GREENWAY COURT NORTH PORT, FL 34287	☐ Delete	D. FRIDINGER, DICK 5485 BRASSY CIRCLE NORTH PORT, FL. 34287	☐ Change ☒ 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 like empowered.

SIGNATURE: James H Glass - Pres - JAMES H. GLASS 4-6-07 941-423-4535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #