

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2008 08:00 A
Secretary of State

DOCUMENT # N05000003178

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



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

Mailing Address
**5041 RICHMOND TERRACE
NORTH PORT, FL 34287**



01162008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

**GLASS, JAMES
3041 RICHMOND TERRACE
SARASOTA, FL 34237**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
GLASS, JIM
5041 RICHMOND TERRACE
NORTH PORT, FL 34287**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
CRISTIFORI, CHARLINE
5006 GREENWAY DRIVE
NORTH PORT, FL 34287**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GEORGIA, WILLIAM D
5800 SABAL TRACE DRIVE
NORTH PORT, FL 34287**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FRIDINGER, DICK
5485 BRASSY CIRCLE
NORTH PORT, FL 34287**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MEONI, RON
5028 GREENWAY COURT
NORTH PORT, FL 34287**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

U000000816322
02/14/08-80045-018 61.25

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-28-08