

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003178

FILED  
Apr 12, 2009  
Secretary of State

**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 ( )**

**Name and Address of Current Registered Agent:**

GLASS, JAMES  
3041 RICHMOND TERRACE  
SARASOTA, FL 34237 US

**Name and Address of New Registered Agent:**

GLASS, JAMES H PRES.  
5041 RICHMOND TERRACE  
NORTH PORT, FL 34287 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: JAMES H GLASS

04/12/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) 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: FRIOINGER, DICK  
Address: 5485 BRASSY CIRCLE  
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:

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: JAMES H GLASS

PRES

04/12/2009

Electronic Signature of Signing Officer or Director

Date