

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005159

FILED  
Jul 22, 2008  
Secretary of State

**Entity Name:** THE COLONY AT SABAL TRACE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

5740 SABAL TRACE DR  
NORTH PORT, FL 34287

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 380758  
MURDOCK, FL 33938 07

**New Mailing Address:**

6025 TAYLOR RD  
UNIT 2  
PUNTA GORDA, FL 33950

**FEI Number:** 20-4095039 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **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:**

GATEWAY MANAGEMENT  
23081 HARBORVIEW ROAD, 2ND FLOOR  
PORT CHARLOTTE, FL 33980 US

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

STAR HOSPITALITY MANAGEMENT  
6025 TAYLOR RD  
UNIT 2  
PUNTA GORDA, FL 33950 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: H. SHERIDAN DANKO

07/22/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DPT ( ) Delete  
Name: WISE, JOHN  
Address: 175 PORTLAND ST  
City-St-Zip: BOSTON, MA 02114

Title: D ( ) Delete  
Name: KILSON, GAIL  
Address: 5762 SABAL TRACE DR., 104  
City-St-Zip: NORTH PORT, FL 34287

Title: D ( ) Delete  
Name: CAMPBELL, DICK  
Address: 175 PORTLAND ST  
City-St-Zip: BOSTON, MA 02114

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: WISE, JOHN  
Address: 9 RIVERSIDE RD  
City-St-Zip: WESTON, MA 02493

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

Title: DVP (X) Change ( ) Addition  
Name: CAMPBELL, DICK  
Address: 9 RIVERSIDE RD  
City-St-Zip: WESTON, MA 02493

Title: D ( ) Change (X) Addition  
Name: STOCK, LINDA  
Address: 9 RIVERSIDE RD  
City-St-Zip: WESTON, MA 02493

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: JOHN WISE

DP

07/22/2008

Electronic Signature of Signing Officer or Director

Date